

UNITED STATES GOVERNMENT

Memorandum

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

TO : Mr. Conrad *Due*

DATE: 12/15/66

FROM :

[Redacted]

SUBJECT: ANONYMOUS LETTER DATED 11/25/66 AT
CHICAGO, ILLINOIS

Another copy of the anonymous letter containing a scurrilous allegation regarding Assistant to the Director John P. Mohr, mailed from Chicago, Illinois, on 11/28/66 to the Attorney General, has been examined in the Laboratory.

The typewriting on the envelope and letter is similar in style to the typewriting on the two envelopes and letters previously sent to the United States Attorney, Chicago, Illinois, and the Director. This style of type was previously determined to be Royal, pica style of type. Although there are not sufficient characteristic defects to determine whether all the letters were prepared on one typewriter, nothing was found to indicate that more than one typewriter was used.

No indented writing of value was found on the envelope and letter. The envelope contains the watermark "Stratosphere" which appeared in previous envelopes. This watermark is registered for Millers Falls Paper Company, Millers Falls, Massachusetts. The letter does not contain any watermark or identifying characteristics which would assist in determining the source of the paper but it is similar to the paper used for the other two letters.

The material previously submitted has been searched through the Anonymous Letter File with negative results.

No latent fingerprints of value were developed on the material submitted.

The envelope and letter have been personally delivered to Supervisor Joseph Cavanaugh of the Administrative Division. Photographs were made.

RECOMMENDATION: That this memo be forwarded to the Administrative Division.

ENCLOSURE

REC-130

- 1 - Mr. Mohr
- 1 - Mr. Callahan
- 1 - Mr. Trotter
- 1 - Mr. Cavanaugh
- 1 - Mr. Conrad
- 1 - [Redacted]
- 1 - Mr. Mesnig

67-157371-368
Searched _____ Indexed _____
DEC 16 1966
FBI

GFM:mb (8)

DEC 21 1966

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

No Lab File

Laboratory Work Sheet

Re: **Anonymous Letter**
dated 11-25-66, at Chicago, Illinois

File #
Lab. # **D 522664 DJ**

Examination requested by: **Bureau**

Examination requested: **Document - Fingerprint** Date received: **12-14-66**

Result of Examination: Examination by: **Mesnig**

Q5 & Q6 on on same style TW as Q1-4
although insuff char defects to identify
nothing found to indicate more than 1 TW. Royal
Q5 encl has return "stratosphere" as per. encl.
no indmt wr. of value.
Jim Gaper.

12/14/66

Specimens submitted for examination

Q5 Envelope bearing TW address "Mr. Ramsey Clark Attorney General
U S Justice Building Washington, D. C."

typewritten
Q6 Carbon copy of a letter dated 11-25-66 beginning
"Several years ago John P. Mohr...."

b6

Millers Falls Paper
Co.
Millers Falls, Mass.



ENCLOSURE 67-129391-368

Q5- 7.50 X 3.95 X .0033
w/tn "Stratosphere"

~~book~~
~~stamps~~
fold
fin.

Q6 7.19 X 10.40 X .0022 yellow adhesive
no w/tn - at top.

Is this yellowed? "Stratosphere" is printed on the back of the stamp.
"Q. 5. 2" not shown, published 1952. U.S. Justice Building, Washington, D.C.

RECEIVED

NOV 30 1966

Deputy Attorney General

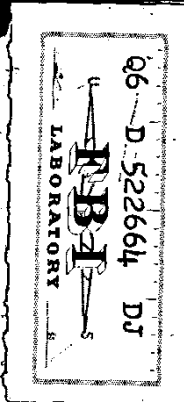


Mr. Ramsey Clark
Attorney General of the US
Justice Building
Washington, DC

Personal



97A



Best Copy Available

Chicago, Illinois
November 25, 1966

Mr. J.E. Hoover
Director FBI
Washington, DC

Dear Sir,

Several years ago John P. Mohr, Asst. Director FBI had FBI, Chicago obtain a motor for his boat at cost of about \$1,000 paid for FBI Chicago imprest or confidential fund. This is stealing and is well known in Chicago office. You may like to verify quite easily and take necessary action. If no action taken by you, details will go to US Attorney, Chicago for inquiry since this is federal violation.

Chicago FBI employees

Cc Mr. Ramsey Clark
Acting Attorney General
Washington, DC

RECEIVED

NOV 30 1966

RECEIVED

PC

REC-130

The Acting Attorney General

December 15, 1966

Director, FBI

ASSISTANT TO THE DIRECTOR
JOHN P. MOHR
ADMINISTRATIVE INQUIRY

PERS.-REC. UNIT

DEC 15 10 36 AM '66
REC'D-READING ROOM

Your memorandum of December 13, 1966, enclosing a copy of a letter from "Chicago FBI employees" and the envelope in which it was sent, has been received.

For your information, a copy of this letter was previously received by this Bureau and as a result of a thorough inquiry, it has been determined that there was no factual basis whatsoever for the allegation in the letter. Accordingly, no further action is contemplated.

DGS:mfd/jap
(4)

NOTE: The enclosure referred to by the Acting Attorney General was a copy of an anonymous letter dated 11-25-66 at Chicago, Illinois. We previously received two copies of this anonymous letter, one sent directly to the Bureau and the other received by the U.S. Attorney, Chicago, who turned it over to SAC. It is noted that while the letter was directed to the Director with a notation one copy was being designated for the Acting Attorney General the original of the letter has never been received in the Bureau. In any event, the letter contained scurrilous allegations against Mr. Mohr alleging that he had obtained a boat motor at a cost of about \$1000 paid for by Chicago Imprest or Confidential Fund. Details regarding this matter were previously set forth in Mr. Mohr's memorandum to Mr. Tolson of 11-30-66 and in memorandum from Mr. Adams to Mr. Callahan, 12-2-66. The allegations were, of course, completely unfounded. Current letter received from Acting Attorney General being examined by Laboratory and Identification Divisions. Examination of prior copies disclosed nothing of value.

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

SENT DIRECTOR
FOR APPROVAL
12-15-66

JBA
Hed

UNITED STATES GOVERNMENT

Memorandum

TO : Director
Federal Bureau of Investigation

FROM : Ramsey Clark
Acting Attorney General

SUBJECT: Assistant Director John P. Mohr
Administrative Inquiry

DATE: DEC 13 1966

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Mohr	✓
Mr. Wick	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	✓
Mr. Felt	✓
Mr. Gale	✓
Mr. Rosen	✓
Mr. Sullivan	✓
Mr. Tavel	✓
Mr. Trotter	✓
Tele. Room	✓
Miss Holmes	✓
Miss Gandy	✓

A copy of a letter to you from "Chicago FBI employees" dated at Chicago, November 28, 1966, concerning alleged unauthorized use of \$1,000 from the Bureau's Confidential Fund by Assistant Director Mohr has been sent to me.

I am attaching that copy of the letter as well as the envelope in which it was sent, in the event your administrative inquiry should develop any facts which warrant consideration.

REC-130

3 DEC 21 1966

EXP. PROC.

DEC-13-1966

Attachment

(Detached - 12/14/66)
JES

Hand sent to Acting
Attorney General
12/15/66
D.C.S. - JES

PERS. REC. UNIT

3/10

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

No Lab File

Recorded: 12-15-66/11:00 am Received: 12-15-66/lms
Laboratory Work Sheet

Re: Anonymous Letter
dated 11-25-66, at Chicago, Illinois

File #
Lab. # D 522664 DJ
Lc. 74347

Examination requested by: Bureau

Examination requested: Document - Fingerprint Date received: 12-14-66

Result of Examination: Examination by: Mesnig
HIPPENSTEEL

*No latent prints of value Min or SN
Specs returned to SA Joe Cavanaugh, 4239 JB
Results to be incorporated in Lab Memo 12/15/66
Dean Ray SA notified 10:25 12/15*

Specimens submitted for examination

Q5 Envelope bearing TW address "Mr. Ramsey Clark Attorney General
U S Justice Building Washington, D. C."

Q6 Carbon copy of a ^{typewritten} letter dated 11-25-66 beginning
"Several years ago John P. Mohr...."

Examination Completed

12/15
Date

11:00
Time

Dictated

12 15
Date

February 17, 1967

Dear Mohr:

I want to thank you and through you, Mr. Callahan and the personnel of his Division, for the preparation of the material which made it possible for me to make the presentation before the Subcommittee on Appropriations of the House of Representatives yesterday.

I realize that this is a mammoth task, particularly as the Bureau is growing larger and larger with more responsibilities and additional areas which we have to cover.

Only a truly dedicated group of associates could do the job which was done, and I am most appreciative of it.

Sincerely,
REC-140

J. EDGAR HOOVER

129391-370
Searched _____ Numbered _____
3 FEB 17 1967

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

SENT FROM D. O.
TIME 9 40 AM
DATE 2/17/67
BY JES

✓
✓
Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

JEH:EDM (3)

MAIL ROOM ☐ TELETYPE UNIT ☐

FEB 23 1967

XEROX 1528



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

**In Reply, Please Refer to
File No.**

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith **(by Check - Money Order)** the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner:

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA John P. Mohr	2/17/67	M. O.

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
Stella M. Mohr	Wife

Address
3427 N. Edison Street, Arlington, Virginia 22207

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
(share and share alike)	Son and Daughter

Address	Va.	Va.
---------	------------	------------

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

Payment Received
Special Agents Insurance Fund

FEB 17 1967

J. Edgar Hoover, Director

John P. Mohr
Special Agent

8-ecd

The Director

3-31-67

Mr. Tolson

CARTHA D. DE LOACH
Assistant to the Director - Investigative

JOHN P. MOHR
Assistant to the Director - Administrative

OUTSTANDING ANNUAL PERFORMANCE RATINGS

There are attached for approval the annual performance reports for Messrs. De Loach and Mohr in which their services have been rated Outstanding for the period April 1, 1966, to March 31, 1967. I have signed these ratings as the Rating Official.

In the event you approve these ratings, I respectfully request that you sign both the original and the copy of each as the Approving Official. Thereafter, they must be transmitted to the Department with other such ratings for approval by the Departmental Committee on Incentive Awards. Messrs. DeLoach and Mohr will then be entitled to cash incentive awards of \$500 as has been approved in the past for Assistant Directors and above.

RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of each of the attached Outstanding performance ratings and upon approval of the ratings by the Departmental Committee on Incentive Awards, Mr. DeLoach and Mr. Mohr each be furnished a copy of his rating and approved for a cash award of \$500.

67-NOT RECORDED
7 APR 12 1967

Enclosures
LDH:jap

(3)

1- Personnel File of John P. Mohr

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: JOHN P. MOHRWhere Assigned: EXECUTIVE OFFICE
(Division) (Section, Unit)Official Position Title and Grade: ASSISTANT TO THE DIRECTOR-ADMINISTRATIVERating Period: from APRIL 1, 1966⁶⁷ to MARCH 31, 1967⁸ADJECTIVE RATING: OUTSTANDING
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
InitialsRated by: Clyde A. Tolson Associate Director
Signature Title Date 4/3/67Reviewed by: _____
Signature Title DateRating Approved by: J. Edgar Hoover Director
Signature Title Date 4/3/67

TYPE OF REPORT

- ☒
- Official
-
- ☒
- Annual

REC-144

67-129391-371	
Searched	Numbered
<input type="checkbox"/> Administrative	1967
<input type="checkbox"/> 60-Day	
<input type="checkbox"/> 90-Day	
<input type="checkbox"/> Transfer	
<input type="checkbox"/> Separation from Service	
<input type="checkbox"/> Special	

1 APR 14 1967

9

3/1/67

JOHN P. MOHR
ASSISTANT TO THE DIRECTOR - ADMINISTRATIVE

Mr. Mohr, as Assistant to the Director, has continued to discharge his varied and heavy responsibilities in such an exceptional manner that a rating of Outstanding is clearly merited for the period April 1, 1966, to March 31, 1967.

Mr. Mohr has under his immediate supervision the Identification, Training, Administrative, Files and Communications and the Laboratory Divisions and has been delegated the personal responsibility of directing their diverse work. Activities in these divisions have continued to increase, resulting in even greater burdens being placed on our top-level executive staff. Mr. Mohr has willingly and enthusiastically accepted his share of these obligations and capably discharged his responsibilities. He approaches every assignment aggressively and has furnished superior leadership and direction to his staff.

He presents a mature, forceful and businesslike appearance which, coupled with his friendly personality, makes him most effective with his associates and with top-level officials as a representative of the Director. Responsible for making decisions of the highest level involving constant contact with Bureau officials and their staffs, his judgment has been unerring which has been of immeasurable value to the smooth functioning of the Bureau's operations.

Mr. Mohr has judiciously and conscientiously discharged his every responsibility and has made a major contribution to the success realized by the Bureau during the past year. A rating of Outstanding is merited.

J. P. MOHR
67-129391-372

CHANGED TO

PAUL JAMES MOHR
67-492319-147

4/28/67

143

April 10, 1967

PERSONAL

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mohr:

I am very pleased to advise that you have merited the rating of Outstanding for the period April 1, 1966, to March 31, 1967, which has been approved by the Departmental Committee on Incentive Awards. There is enclosed a copy of this rating, which you may retain.

In addition, I have approved an incentive award for you in recognition of your exceptional services and the enclosed check represents an award of \$500.00. I do not want the occasion to pass without letting you know that I deeply appreciate the dedicated fashion in which you have handled your many responsibilities.

Sincerely,

J. Edgar Hoover

MAILED 2

APR 11 1967

COMM-FBI

Enclosures (2)

1 - Miss Usilton (Sent Direct)

LRH:bcs

(4)

Award #729-67 LOH/JP

Based on memo Mr. Tolson-The Director 3/31/67.

67-129391-373	
Searched	Numbered
7 APR 12 1967	

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

JOHN MOHR

April 11, 1967

Mr. Tolson	✓
Mr. DeLoach	
Mr. Mohr	
Mr. Wick	
Mr. Casper	
Mr. Callahan	
Mr. Conrad	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	
Mr. Tavel	
Mr. Trotter	
Tele. Room	
Miss Holmes	
Miss Gandy	

Dear Mr. Hoover:

Thank you for your very kind letter of April 10, 1967, advising me of an Outstanding rating for the current rating period and the approval of an incentive award.

Your gracious comments mean a great deal to me and I only hope that I can live up to most of them in the years ahead, which I hope I will be serving under your leadership and guidance.

Again, many thanks.

Sincerely,

John Mohr

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

REC-141

67-129391-374
Searched _____ Numbered _____
10 APR 13 1967

3-2/88

UNITED STATES GOVERNMENT

Memorandum

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

TO : MR. TOLSON

DATE: 6/8/67

FROM : J. P. MOHR

b6

SUBJECT: ANNUAL LEAVE SCHEDULE - 1967

Cartha
Mr. DeLoach and I have tried to arrange our annual leave schedule for 1967 so there would be no conflicts. Mr. DeLoach has indicated that he would like to take the last two weeks in June and a week later in the year. His annual leave in June would commence on the 19th and he would return to duty on Monday, 7/3/67.

b6

I would like to take my annual leave commencing 7/3/67 and extending through 7/21/67.

The foregoing is submitted for your approval.

- 1 - Mr. DeLoach
- 1 - Mr. Callahan

JPM:ers
(5)

XEROX
JUN 14 1967

Noted
6-12-67
phd
NOT RECORDED-2

3
phd



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA John P. Mohr	5/22/67	

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
Stella M. Mohr	Wife

Address
3427 N. Edison Street, Arlington, Va. 22207

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
(share and share alike)	Son and Daughter

Address
_____ Va. _____ Va.

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,



MAY 25 1967

J. Edgar Hoover, Director

John P. Mohr
Assistant to the Director

8-ecf

REC-145

June 20, 1967

PERSONAL

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Mohr:

You reviewed and approved a memorandum which had been prepared in the Administrative Division on June 19, 1967, concerning the physical condition of Special Agent John J. Sweeney. The memorandum in question indicated that I had approved an increase in the permissible weight of this Special Agent when, in fact, I did not do so. More alertness on your part in this instance would have eliminated this mistake.

You should make certain that in the future when such memoranda are submitted to me they are completely accurate in every detail.

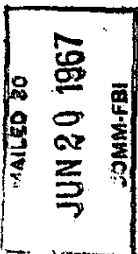
Very truly yours,

J. Edgar Hoover

John Edgar Hoover
Director

JIC:pmd
(3)

Based on Adams to Callahan memo 6-19-67 JBA:blb.



Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

JUL 5 1967

MAIL ROOM ☐ TELETYPE UNIT ☐ 135

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

No Lab File

Laboratory Work Sheet

Re: **Anonymous Letter**
dated 11-25-66, at Chicago, Illinois

File #
Lab. # **D 522664 DJ**

Examination requested by: **Bureau**

Examination requested: **Document - Fingerprint**

Date received: **12-14-66**

Result of Examination:

Examination by: **Mesnig**

Specimens submitted for examination

Q5 Envelope bearing TW address "Mr. Ramsey Clark Attorney General
U S Justice Building Washington, D. C."

Q6 Carbon copy of a letter dated 11-25-66 beginning
"Several years ago John P. Mohr...."

*Q5 + Q6 forwarded to J. Edgar Hoover 12/15/66 PM Rm 4239 JB
per routing slip*

File 3/11

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Callahan

DATE: 6-19-67

FROM : J. B. Adams *JBA*

SUBJECT: SUPPLEMENTAL MEMORANDUM TO ANCHORAGE
OFFICE SUMMARY MEMORANDUM

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

By memorandum of 6-14-67 information concerning the Anchorage Office was furnished for use of the Director in the event he should see SAC James P. Martin who reported to the Bureau on Monday, 6-19-67 for Two-Day Conferences.

In a supplemental memorandum dated 6-19-67 information was furnished concerning the fact that SA John J. Sweeney, who has had a weight problem for some time, had been ordered under transfer from Kansas City to Anchorage. In that supplemental memorandum the statement was made that his weight had been fixed at 226 pounds which the government examining physician felt would be suitable for health reasons.

This statement concerning the fixing of a maximum weight for SA Sweeney at 226 pounds was an error. The call for this supplemental memorandum was received on a very urgent basis on the morning of 6-19-67. The file of SA Sweeney and the original memorandum were not immediately available. The supplemental memorandum was prepared from available tickler copies. These did not indicate that a recommendation in the original memorandum concerning fixing the desirable weight limit of SA Sweeney at 226 pounds had not been approved by the Director.

This supplemental memorandum was prepared by SA Lloyd L. Davidson. This matter has been discussed with SA Davidson, who thoroughly understands the absolute need for complete accuracy in memoranda of this type, which are prepared for the personal use of the Director. He assures that there will be no future repetition of such a situation. He has been instructed in the future, in spite of any urgency involved, to obtain the file or original memoranda he is referring to rather than relying on tickler copies.

REC-145

129 391-375
Searched _____
Numbered _____
File _____
Index _____
Serial _____

JBA:blb (3)

XEROX

JUL 3 1967

*There are too many
"super executives" &
too few real executives.*

*from [unclear]
and [unclear]
advisors*

*3
JBA*

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date

6-27-67

I certify that I have ☒ received ☐ returned the following Government property for official use:

D. C. OFFICIAL PARKING PERMIT #4653
(expires 6-30-68)

RETURNED

D. C. OFFICIAL PARKING PERMIT #1903 *✓ alt yg*
(expires 6-30-67)

FILE

3/

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY

8 JUL 11 1967

Very truly yours,

(Signature)

(Typed name)

John P. Mohr

67-139
RECORDED



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

**In Reply, Please Refer to
File No.**

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith **(by Check - Money Order)** the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA John P. Mohr	6/29/67	

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
Stella M. Mohr	Wife

Address

3427 N. Edison Street, Arlington, Va. 22207

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
(share and share alike)	Son and Daughter

Address

_____, Va. _____, Va.

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Payment Received
Special Agents Insurance Fund

JUN 29 1967

J. Edgar Hoover, Director

Very truly yours,

John P. Mohr
Assistant to the Director

8-ecb

October 2, 1967

PERSONAL

Dear Mohr:

You are celebrating your Twenty-eighth Anniversary in the Bureau and I would like to join your many friends in congratulating you. Your service has been marked by loyalty and I hope the Bureau will have the benefit of your fine services for many years to come.

Sincerely,

J. E. H.

REC-140

67-129391-376	
Searched	Numbered
2	2
1967 46	

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

SENT FROM D. O.	
TIME	8:35 AM
DATE	10/2/67
BY	284

Anniversary 10/2 - Monday

JEH:edm (3)

edm

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

OCT 3 1967

MAIL ROOM ☐ TELETYPE UNIT ☐

JOHN MOHR

October 3, 1967

Mr. Tolson	✓
Mr. DeLoach	
Mr. Mohr	
Mr. Bishop	
Mr. Casper	
Mr. Callahan	
Mr. Conrad	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	
Mr. Tavel	
Mr. Trotter	
Tele. Room	
Miss Holmes	
Miss Gandy	✓

Dear Mr. Hoover:

Thank you for your letter of October 2, 1967, containing such kind comments concerning my Twenty-eighth Anniversary in the Bureau.

The twenty-eight years have been happy ones, and I consider it an honor and a pleasure to have served this length of time under your leadership. I hope that I have the opportunity of serving you for many years to come.

Sincerely,


John Mohr

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

3 OCT 19 1967
EXP. PROC.
064 4 1967

REC-137

67- 129391-377

Searched	Numbered
10 OCT 17 1967	28

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1

FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER		
Mohr	John	Philip	April 20, 1910	224	60	0645
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)			
FBI			Washington, D. C.			

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance

☐
(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

☒
(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance

☐
(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

John P. Mohr
DATE
February 2, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

FEB 2 1968

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 176-T
JANUARY 1968
(For use only until April 14, 1968)
176-101

INSTRUCTIONS TO EMPLOYING AGENCY

1. **Who must file.**—All employees not excluded by law or regulation from insurance coverage, including those who have previously waived coverage, are required to complete and file Standard Form 176-T. Employees who are in the service on February 14, 1968, as well as those who are appointed after that date but before April 14, 1968, must file the form.
2. **Automatic cancellation of previously filed waivers.**—All "Waivers of Life Insurance Coverage" (SF 53) on file are automatically canceled as of the first day of the first pay period beginning on or after February 14, 1968. Payroll offices are to begin regular insurance deductions on the automatic cancellation date for employees who do not file a new waiver, i.e., those who do not check box C of SF 176-T, on or before that date.
3. **Employees failing to file.**—If an employee does not return a completed SF 176-T, contact him and urge him to do so even if he does not want optional insurance (he will, of course, be automatically covered for regular insurance). If he still fails to file SF 176-T by April 14, 1968, or 31 days after appointment, whichever is later, file one for him as of that date: mark box B, and note in the space provided for his signature "employee contacted—failed to elect optional insurance." See note 2 below.
4. **Review of completed forms.**—(a) Review both copies of the SF 176-T for legibility, completeness, and consistency. Reconcile with the employee any obvious major

discrepancy such as a mark in more than one box.

(b) If the employee marked box A or box C, make sure the Statistical Stub is complete. Then detach and mail stubs, in a bundle, weekly to:

Office of Federal Employees' Group Life Insurance
(Statistical Study)
4 East 24th Street
New York, New York 10010

(c) If the employee marked box B, detach and destroy the stub.

5. **Date of receipt and effective date.**—(a) Stamp date of receipt by employing office in the space provided for this purpose on both the Original and the Duplicate.

(b) The effective date is determined from the table below.

6. **Disposition of forms.**—(a) File the Original SF 176-T in the official personnel folder in all cases.

(b) Any necessary payroll change, with effective date, may be posted in the space reserved on the Duplicate for employing office.

(c) The Duplicate may be destroyed, if no payroll action is required, or after the requirements of the agency's payroll system have been met.

7. **Use of SF 176-T.**—SF 176-T "Election, Declination, or Waiver of Life Insurance Coverage" should not be used after the initial filing period (after April 14, 1968). A revised edition will be available for use after that date.

TABLE OF EFFECTIVE DATES

DATE SF 176-T RECEIVED BY EMPLOYING OFFICE	EMPLOYEE'S DECISION	EFFECTIVE DATE (IF NO WAIVER, SF 53, IN EFFECT)	
		OF DECISION	OF DEDUCTIONS
On or before February 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective February 14, 1968.	Deductions begin 1st day of 1st pay period beginning on or after February 14, 1968.
	Declines optional (but not regular) (box B).	Declination effective February 14, 1968.	
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which February 14, 1968 falls.	Deductions stop last day of pay period in which February 14, 1968 falls.
After February 14 but not later than April 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective on date of receipt.	Deductions begin 1st day of 1st pay period beginning on or after date of receipt.
	Declines optional (but not regular) (box B).	Declination effective on date of receipt, but employee loses automatic optional protection on February 14, 1968.	
	Cancels previously elected optional (but not regular) (box B).	Cancellation effective last day of pay period in which received.	Deductions for optional stop last day of pay period in which received.
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which received.	Deductions stop last day of pay period in which received.

- NOTES: 1. Because regular insurance coverage and deductions are automatic unless waived (by checking box C), A and B elections do not effect regular insurance effective dates.
2. An employee for whom the agency files SF 176-T because he failed to file is deemed to have declined optional, but not regular, insurance.
3. An employee with an uncanceled waiver (SF 53) on file cannot be insured any earlier than the first day he is in duty and pay status in a pay period beginning on or after February 14, 1968; filing of an SF 176-T before that date will not cancel an SF 53 any earlier. Deductions begin the day he becomes insured.
4. The effective date of regular (and optional) insurance coverage for an employee who has been on leave without pay for more than 1 year is the first day he is in pay and duty status. Deductions are effective the same day.

TO: Director, FBI

FROM:

CERTIFICATION

TO BE FILLED IN BY OPERATOR	Name of Operator (Print - Last, First, Middle Initial) MOHR, JOHN P.		Date 3/7/68
	Division and Section Assigned ASST TO THE DIRECTOR - ADMIN.		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Clerk
	This is to certify that I presently hold a valid motor vehicle operator's permit or driver's license as follows: VIRGINIA OPERATOR'S LICENSE		
	Permit Issued By: (State, Territory Possession, District) VIRGINIA	Permit Number M15310-10985-082920	Permit Expires 4/30/69
	This is an <input checked="" type="checkbox"/> unrestricted <input type="checkbox"/> restricted permit. (If restricted, explain below)		
TO BE FILLED IN BY REVIEWING OFFICIAL	<input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses are required for driving <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	This further certifies that during the past three years I have driven a motor vehicle (government or personally owned) approximately 12,000 miles. During this time (a) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not received a traffic violation ticket; (b) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not been held at fault* as the driver of a motor vehicle involved in a traffic accident. (If affirmative answer, explain below, giving number and dates of offenses.) I further understand that when operating a Government vehicle I must assume responsibility for payment of any damage to same should I be found at fault.* I also understand the Government does not provide insurance coverage for damage to its vehicles.		
	<p>* "At fault" means any case in which responsibility is conceded by employee or his insurance company or liability is fixed by duly constituted authority or administratively by the Bureau.</p> <p>John P. Mohr Signature of Operator</p>		
	The personnel file of this employee has been reviewed and indicates the following information concerning the operation of a motor vehicle during the past three years:		
	<input checked="" type="checkbox"/> Continuous safe driving record <input type="checkbox"/> Involved in traffic accident and found at fault**		
TO BE FILLED IN BY REVIEWING OFFICIAL	I certify that this employee is:		
	<input checked="" type="checkbox"/> Qualified on the basis of his safe driving record to operate motor vehicles on official business <input type="checkbox"/> Not qualified and must demonstrate his qualifications by satisfactorily passing a road test examination before operating a motor vehicle on official business		
	Remarks:		
	<input type="checkbox"/> Issue <input type="checkbox"/> Renew Operator's Identification Card - SF-46		
	<p>RECORDED 10 APR 4 1968</p> <p>C. Z. Smith Official Signature of Reviewing Official</p> <p>Title SPECIAL AGENT Date 3-22-68</p>		
(Over for Operator's Road Test Score Sheet)			

RESULTS OF ROAD TEST

Vehicle Used in Test				Local of Test	
Make	Body Type	Year	City	State	
Transmission <input type="checkbox"/> Automatic <input type="checkbox"/> Manual		Date	Time	Examiner's Signature	

Instructions to Examiner Place check mark (✓) in space beside each error committed. If same error is repeated, add a check mark for each repetition. Multiply point value of each error (shown in box at left of each error listing) by number of check marks, placing total points for each category in box at lower right of each block. To obtain final score, total number of points scored in all categories.		TEST SCORE <div style="border: 2px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
PASSING GRADE: Total Score of 25 Points or Less FAILING GRADE: Total Score of 26 Points or More Note Results in Box at Right of Instruction Block		Total Error Points Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Check List	
1. Checking Vehicle Fails to: <input type="checkbox"/> Adjust Rear-view Mirror <input type="checkbox"/> Adjust Seat Properly <input type="checkbox"/> Check Effectiveness of Hand & Foot Brake <input type="checkbox"/> Check Windshield Wipers <input type="checkbox"/> Check Horn and All Lights <div style="text-align: right;"># of Points</div>	2. Leaving Curb Fails to: <input type="checkbox"/> Look Back to Check Traffic <input type="checkbox"/> Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> Wait for Approaching Traffic <div style="text-align: right;"># of Points</div>
3. Turning Fails to: <input type="checkbox"/> Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> Turn Carefully From Proper Lane <div style="text-align: right;"># of Points</div>	4. Backing Fails to: <input type="checkbox"/> Observe Surrounding Conditions <input type="checkbox"/> Back Slowly and Smoothly and Avoid Excessive Curb Contact <div style="text-align: right;"># of Points</div>
5. Controls Fails to: <input type="checkbox"/> Handle Vehicle Smoothly <input type="checkbox"/> Keep Both Hands on Wheel <input type="checkbox"/> Smoothly Engage Shifting Mechanism <input type="checkbox"/> Use Brakes Properly <div style="text-align: right;"># of Points</div>	6. Speed <input type="checkbox"/> Exceeds Limit <input type="checkbox"/> Too Slow for Traffic Conditions <input type="checkbox"/> Too Fast for Traffic Conditions <div style="text-align: right;"># of Points</div>
7. Position on Roadway <input type="checkbox"/> Follows too Closely <input type="checkbox"/> Fails to Hold Proper Lane <input type="checkbox"/> Straddles Lane Markings <div style="text-align: right;"># of Points</div>	8. Overtaking - Passing <input type="checkbox"/> Misjudges Speed of Oncoming Traffic <input type="checkbox"/> Passes in Intersection, on Hill, Curve, etc. <input type="checkbox"/> Cuts in too Soon <input type="checkbox"/> Fails to Signal (Hand, Light, Horn) When Conditions Warrant <div style="text-align: right;"># of Points</div>
9. Parking Fails to: <input type="checkbox"/> Avoid Violent Bumping of Other Cars or Excessive Scraping of Curb <input type="checkbox"/> Set Hand Brake <input type="checkbox"/> Cramp Wheels Where Necessary <div style="text-align: right;"># of Points</div>	10. Railroad and School Zones Fails to: <input type="checkbox"/> Obey Signals and Caution Warnings <input type="checkbox"/> Be Alert for Unusual Conditions <div style="text-align: right;"># of Points</div>
11. Attention Fails to: <input type="checkbox"/> Anticipate Hazardous Traffic Conditions (Including Pedestrians) <input type="checkbox"/> Keep Full Attention on Operation of Car <input type="checkbox"/> Limit Talking to Minimum <input type="checkbox"/> Observe Posted Signs or Signals <div style="text-align: right;"># of Points</div>	12. General <input type="checkbox"/> Nervous and Hesitant While Operating at Maximum Speeds Allowed on Open Highway <input type="checkbox"/> Lack of Caution <input type="checkbox"/> Timidity or Lack of Assurance Under Normal Driving Conditions <div style="text-align: right;"># of Points</div>

Remarks:

The Director

4-1-68

Mr. Tolson

CARTHA D. DE LOACH
Assistant to the Director - Investigative

JOHN P. MOHR
Assistant to the Director - Administrative

OUTSTANDING ANNUAL PERFORMANCE RATINGS

There are attached for approval the annual performance reports for Messrs. DeLoach and Mohr in which their services have been rated Outstanding for the period April 1, 1967, to March 31, 1968. I have signed these ratings as the Rating Official.

In the event you approve these ratings, I respectfully request that you sign both the original and the copy of each as the Approving Official. Messrs. DeLoach and Mohr will then be entitled to cash incentive awards of \$500 as has been approved in the past for Assistant Directors and above.

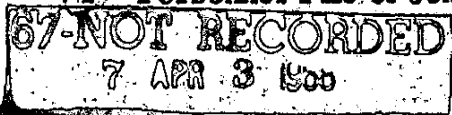
RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of each of the attached Outstanding performance ratings and that Mr. DeLoach and Mr. Mohr each be furnished a copy of his rating and approved for a cash award of \$500.

Enclosures
LDH:pam

(3)

1- Personnel File of John P. Mohr



April 2, 1968

PERSONAL

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mohr:

I am very pleased to advise you that your services for the period April 1, 1967, to March 31, 1968, have merited the rating of Outstanding. A copy of this rating is enclosed, which you may retain.

In addition, I have approved an incentive award for you in recognition of your superior performance. The enclosed check represents an award of \$500.00. I would indeed be remiss if I did not tell you that I deeply appreciate your continued dedication and loyalty to the Bureau.

Sincerely,

J. Edgar Hoover

Enclosures (2)

1 - (Sent Direct)

LRH:mmh
(4)

Award #631-68

Based on memo Mr. Tolson-Director 4/1/68

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

67-129391-378	
Searched	Numbered
7 APR 3 1968	

b6

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: JOHN P. MOHR

Where Assigned: EXECUTIVE OFFICE
(Division) (Section, Unit)

Official Position Title and Grade: ASSISTANT TO THE DIRECTOR - ADMINISTRATIVE

Rating Period: from APRIL 1, 1967 to MARCH 31, 1968

ADJECTIVE RATING: OUTSTANDING
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

Rated by: Clyde A. Tolson Associate 4/1/68
Signature Title Date

Reviewed by: _____
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4/1/68
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual

REC-170

67-24391-379	
Searched	Numbered
<input checked="" type="checkbox"/> Administrative	APR 9 1968
<input type="checkbox"/> 60-Day <input type="checkbox"/> 90-Day <input type="checkbox"/> Transfer <input type="checkbox"/> Separation from Service <input type="checkbox"/> Special	

9 APR 11 1968

32

3/1/68

JOHN P. MOHR
ASSISTANT TO THE DIRECTOR - ADMINISTRATIVE

In his capacity as Assistant to the Director, Mr. Mohr has continued his superior performance and for the period April 1, 1967, to March 31, 1968, merits the rating of Outstanding.

Mr. Mohr has under his immediate control the Identification, Training, Administrative, Files and Communications and Laboratory Divisions. It is his personal responsibility to direct the work of these divisions, which includes centralized planning and administering dissimilar functions conducted by a highly trained and specialized staff and encompasses every phase of the Bureau's administrative matters, budget, personnel and procurement, records, communications, training, special surveys and fingerprint identification, as well as highly sophisticated technical and scientific matters. An indefatigable worker, Mr. Mohr has handled all assignments in a superb fashion, with clarity of thought and remarkably astute judgment and perception.

Mr. Mohr's enthusiastic approach, spirit of self-reliance and sincerity of purpose inspire both trust and respect. The ever-changing situations prevalent throughout the country are reflected in some aspects of operations under his responsibility, thus requiring an official in his position to possess the highest qualities of leadership and broad vision, unlimited vigor and a keen understanding of the Bureau's functions and procedures. Mr. Mohr has clearly demonstrated he possesses these qualities in the highest degree.

The substantial personal contributions Mr. Mohr has made in effectively and efficiently discharging his portion of the Bureau's ever-increasing responsibilities have characterized him as a highly dedicated career employee and a rating of Outstanding is justly deserved.



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith **(by Check - Money Order)** the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA John P. Mohr	5/9/68	

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
Stella M. Mohr	Wife
Address 3427 N. Edison Street, Arlington, Va., 22207	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted] (share and share alike)	Son and Daughter
Address [Redacted]	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
Address	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Payment Received
Special Agents Insurance Fund

MAY 9 1968

J. Edgar Hoover, Director

67-100
JUN 5 1968

Very truly yours,

John P. Mohr
~~Special Agent~~
Assistant to the Director

3-ecb

93

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 6-24-68

I certify that I have ☒ received ☐ returned the following Government property for official use:

D. C. OFFICIAL PARKING PERMIT #5896
expires 6-30-69

RETURNED

D. C. OFFICIAL PARKING PERMIT #4653
expires 6-30-68

*detached &
ret. in P-27
6-24-68*

FILE

31 *RB*

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature) *John P. Mohr*

(Typed name) John P. Mohr

NOT RECORDED
1 JUN 25 1968

35

October 2, 1968

PERSONAL

Dear Mohr:

Today marks your Twenty-ninth
Anniversary in the FBI. Warmest congratu-
lations and best wishes, and I hope the Bureau
will have the benefit of your fine services for
many years to come.

Sincerely,

J. EDGAR HOOVER

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

SENT FROM D. O.	
TIME	8:30 AM
DATE	10-2-68
BY	BFB

REC-143

Anniversary 10/2 - Wednesday

JEH:edm (3)

67-129391-380	
Searched	Numbered
10 OCT 3	57

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

October 11, 1968

Mr. John P. Mohr
3427 North Edison Street
Arlington, Virginia 22207

Dear Mohr:

I am pleased that you are getting along well following surgery, and want to take this means of expressing the hope that your progress will continue to be most favorable.

Please take whatever time is needed to make a complete recovery before you try to resume your duties at the office.

Sincerely,

MAM:psd
(3)

Address obtained from Information.

Bethesda Naval
Mr. Mohr entered the Hospital this morning (10-11-68) for a throat operation which has been completed without any apparent difficulty or problem. He is expected to return home Saturday.

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

OCT 11 1968

MAIL ROOM TELETYPE UNIT

DELIVERED TO ASST. DIR.
TAVEL FOR DELIVERY TO
MR. RICHARD MANDERSON
10/11

OCT 11 11 53 AM '68

October 22, 1968

Mr. John P. Mohr
3427 North Edison Street
Arlington, Virginia 22207

Dear Mohr:

I have received a report of the doctor's examination of your throat this morning and understand he is urging you to remain away from the office for another week to ten days.

I want to urge you to abide by the doctor's instructions in order that you can effect a complete and successful recovery from the recent surgery so that you can have full voice recovery. The silence is becoming unbearable to both Mr. Tolson and me, and we are anxious that upon your return you be in full voice.

Sincerely,

129391-381
Searched _____ Numbered _____
9 OCT 24 1968 46

NPC:lae (4)
1-Mrs. Muir

A personal note from the Director was previously sent on 10/11/68

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

OCT 28 1968

MAIL ROOM ☐ TELETYPE UNIT ☐

To be hand delivered by Mrs. Tavel.

use 10/23.

November 13, 1968

Mr. John P. ⁰Mohr
3427 North Edison Street
Arlington, Virginia 22207

Dear Mohr:

I am glad to hear of the improvement
you are making and I hope it will not be too long
until you achieve a complete recovery.

I know your progress is not what you
have expected; however, you should not rush
your return to duty but instead give your full
time and attention to your convalescence.

Sincerely,

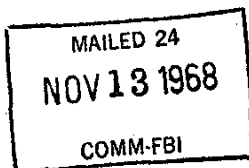
JEH

67-129347-382
Searched _____ Numbered _____
1 NOV 14 1968

JBA:jlk *[Signature]*
(4)
1 - Mrs. Muir

LeB

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____



MAIL ROOM ☐ TELETYPE UNIT ☐

67-129347-382

b6

11/13/68

MR. TOLSON:

RE: JOHN P. MOHR

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Mohr	✓
Mr. Bishop	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	✓
Mr. Felt	✓
Mr. Gale	✓
Mr. Rosen	✓
Mr. Sullivan	✓
Mr. Tavel	✓
Mr. Trotter	✓
Tele. Room	✓
Miss Holmes	✓
Miss Gandy	✓

Mr. Mohr went to Bethesda Naval Hospital this morning for a recheck by [redacted] and was advised by [redacted] that his throat still shows some evidence of irritation to the left vocal cord and the doctor wants him to remain away from the office until he sees him next Tuesday. In the interim, Mr. Mohr's voice while sounding a little bit better has a long way to go to recover to its former natural tones.

We are keeping in touch with Mr. Mohr on a daily basis and he is reviewing the Director's budget material as sections of it are prepared.

Mr. Mohr, I know, is anxious to return to duty but plans to comply with the doctor's instructions and remain off until his voice is stronger. There is attached a suggested letter to him, the last one having gone out on October 22, 1968.

N. P. CALLAHAN

67-129391-383

Searched	Numbered
8	NOV 15 1968

REPORT OF MEDICAL EXAMINATION

88-110

1. LAST NAME—FIRST NAME—MIDDLE NAME Mohr, John P.			2. GRADE AND COMPONENT OR POSITION Ass't. to Director		3. IDENTIFICATION NO. 1-16-13
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 10-18-68
7. SEX Male	8. RACE W. ISATOL	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 10 CIVILIAN		10. AGENCY 11. ORGANIZATION UNIT	
12. DATE OF BIRTH 4-20-10		13. PLACE OF BIRTH West New York, N.J.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS V NNMCM			16. OTHER INFORMATION		
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated)	ABNOR- MAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	X
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
X	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

21. Mucous polyps of larynx, excised 10/12/68

#50. Cholesterol - 168
Uric Acid - 8.1
BUN - 21
FBS - 80

RESULTS	
15	
46	
8.9	
58	
31	
2	
9	

ENCLOSURE

REC-148

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																
○—Restorable teeth /—Nonrestorable teeth																
X—Missing teeth XXX—Replaced by dentures																
(6 X's)—Fixed bridge, brackets to include abutments																
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	E
G																F
H																T
T																

67	29,291-37
Search of DEFECTS AND REPAIRS	
10 DEC 13 1968	

45. URINALYSIS: A. SPECIFIC GRAVITY 1.017		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN Neg.	D. MICROSCOPIC	4604 No gross abnormalities	
C. SUGAR Neg.	Ess. Neg.	50. OTHER TESTS	
47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	
VDRL Non-Reactive	BLOOD WNL	BJNG	See above notes

DEC 17 1968

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 71"	52. WEIGHT 180	53. COLOR HAIR Brown	54. COLOR EYES Blue	55. BUILD: (Check one) SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>	56. TEMPERATURE 98.
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
A. SITTING SYS. 136 DIAS. 90	B. RECUMBENT SYS. DIAS.	59. DISTANT VISION RIGHT 20/ LEFT 20/ CORR. TO 20/20	60. REFRACTION BY S. CX	61. NEAR VISION CORR. TO BY	
62. HETEROPHORIA (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD					
63. ACCOMMODATION RIGHT LEFT		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST	
69. INTRAOCULAR TENSION		70. HEARING RIGHT WV /15 SV 15 LEFT WV /15 SV 15		71. AUDIOMETER 250 500 1000 2000 3000 4000 6000 8000 RIGHT LEFT	
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)					

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. EXAMINEE (Check)

A ☒ IS QUALIFIED FOR
B ☐ IS NOT QUALIFIED FOR

77. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

78. TYPED OR PRINTED NAME OF PHYSICIAN

MC USN

SIGNATURE

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

81. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee Mohr John P.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

- 45, 46 and 47. Required for all Special Agent applicants but not for any other applicant unless the examining physician deems one, two or all three of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
- Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes. If "yes" please specify defects. _____
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

~~ENCLOSURE~~

67-129391-384

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

_____ b6 _____

MOPT.

2078

Signature

Medical Examiner

10-18-68

Date

UNITED STATES GOVERNMENT

Memorandum

TO : MR. TOLSON

DATE: 3/18/69

FROM : J. P. MOHR

SUBJECT: ANNUAL LEAVE
FOREIGN TRAVEL

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____

As you know, I have made application for my annual leave for the first three weeks of July and during that time my family and I would like to visit Stuttgart, Germany, where my son is presently stationed with the U. S. Army.

With the Director's approval, I would like to go ahead and make the necessary arrangements for this visit with my son and his family during my summer vacation.

JPM:DW
1 - Mr. Callahan

BK:
H

REC-140

67-129491-385	
Searched	Numbered
7 MAR 21 1969	

11 MAR 26 1969

3
uoe

UNITED STATES GOVERNMENT

Memorandum

b6

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

TO : The Director

DATE: April 2, 1969

FROM : Mr. Tolson

SUBJECT: **JOHN P. MOHR**
Assistant to the Director - Administrative

CARTHA D. DE LOACH
Assistant to the Director - Investigative

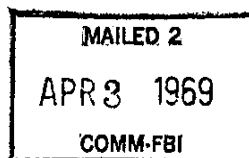
OUTSTANDING ANNUAL PERFORMANCE RATINGS

There are attached for approval the annual performance reports for Messrs. Mohr and DeLoach in which their services have been rated Outstanding for the period April 1, 1968, to March 31, 1969. I have signed these ratings as the Rating Official.

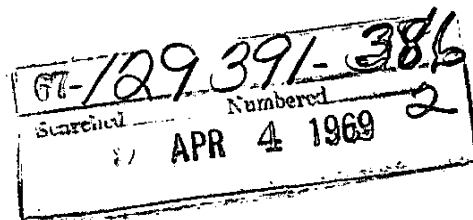
In the event you approve these ratings, I respectfully request that you sign both the original and the copy of each as the Approving Official.

RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of each of the attached Outstanding performance ratings and that Mr. Mohr and Mr. DeLoach each be furnished the original of his rating.



REC-142



Enclosures

LDH:jmp
(3)

1 - Personnel File of Cartha D. DeLoach

APR 4 1969

JOHN MOHR

April 3, 1969

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Mohr	✓
Mr. Bishop	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	✓
Mr. Felt	✓
Mr. Gale	✓
Mr. Rosen	✓
Mr. Sullivan	✓
Mr. Tavel	✓
Mr. Trotter	✓
Tele. Room	✓
Miss Holmes	✓
Miss Gandy	✓

Dear Mr. Hoover:

Thank you very much for the Outstanding efficiency rating that you approved for me for the rating year ending March 31, 1969. I, of course, am very proud of my employment with the FBI and am most proud that you would consider my efforts coming anywhere near being worth outstanding. I hope in the days ahead that I can prove in some small way something of your faith in me.

Sincerely,

John Mohr
John Mohr

REC-131

67-129391-387	
Searched	Numbered
10	3-1969 4

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

APR 4 1969

APR 11 1969

2/aw

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date

June 10, 1969

I certify that I have ☒ received ☐ returned the following Government property for official use:

D. C. OFFICIAL PARKING PERMIT #3403 ✓
expires 6-30-70

RETURNED

D. C. OFFICIAL PARKING PERMIT #5896 ✓
expires 6-30-69

FILE

31 AB

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

John P. Mohr

(Typed name)

John P. Mohr

67-NOT RECORDED
8 AUG 20 1969

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: JOHN P. MOHR

Where Assigned: EXECUTIVE OFFICE
(Division) (Section, Unit)

Official Position Title and Grade: ASSISTANT TO THE DIRECTOR-ADMINISTRATIVE

Rating Period: from APRIL 1, 1968 to MARCH 31, 1969

ADJECTIVE RATING: OUTSTANDING Employee's Initials
Outstanding, Excellent, Satisfactory, Unsatisfactory

Rated by: Clyde A. Tolson Associate Director 4/1/69
Signature Title Date

Reviewed by: _____
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4/1/69
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

11 REC-141
9 APR 18 1969

67-127391-388	
Searched	Numbered
APR 14 1969	

37

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Tolson

DATE: September 8, 1969

FROM : Mr. Callahan *mc*

SUBJECT: JOHN P. MOHR
Assistant to the Director
Administrative
SERVICE AWARD LETTER
30th Anniversary 10-2-69

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

Mr. John P. Mohr, Assistant to the Director - Administrative, celebrates his 30th year of Bureau service on 10-2-69.

The Director may desire to present Mr. Mohr's letter and Key personally. A suggested letter is attached for the Director's signature.

Enclosure

1 - Miss Holmes (Sent Direct)

LDH:jac

(3)

REC-142

67-129391-389	
Searched	Number
7	57
7 SEP 9 1969	

Jim
*Mr. J.B. Adams advised
+ will notify Mr. Mohr
RTH 9/8/69*

REMOVED BY SRD

1 SEP 9 1969

3-oc
17

October 2, 1969

PERSONAL

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mohr:

It is indeed both a singular honor and a pleasure for me to present to you today the Bureau's Thirty-Year Service Award Key in recognition of your three decades of outstanding service.

You have been called upon over the years to assume ever-increasing responsibilities as the result of your demonstrated ability, loyalty and dedication to the ideals and purposes of the Federal Bureau of Investigation. In your varied assignments and, more particularly, as one of the top executives of the Bureau, you have proven yourself to be an especially valuable and important member of our organization. Your splendid performance of duty, which has been marked by many years of hard work and personal sacrifice, has done much to enhance the reputation and prestige of the Bureau which we regard, with justifiable pride, as the world's foremost law enforcement agency. It has been particularly reassuring to be able to rely on you and your noteworthy talents which have relieved me of many of the burdens of my office.

REC-100

67-129391-390

It is my hope that this Key will recall many fond memories of your distinguished and praiseworthy career and that it will always remind you of my genuine appreciation for your superb service to me, the FBI, and the public we serve.

Red

With best wishes and kindest personal regards,

Sincerely,

J. EDGAR HOOVER

Based on Callahan - Tolson
memo 9-8-69. LDH:jac

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

SENT FROM D. O.
TIME 4:00 PM
DATE 10-2-69
BY *Printed by Director*

Enclosure

1 - Miss Holmes (Sent Direct)

MAIL ROOM ☐ TELETYPE UNIT ☐

LDH:jac

(4)

jac

muc

October 7, 1969

PERSONAL

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Mohr:

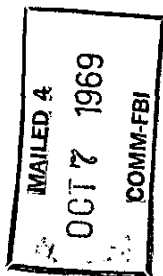
I have been advised of a situation which developed in a division under your supervision wherein certain employees were indiscreet in their conversations, using offensive and loose language. Such conduct is inexcusable and not in keeping with the Bureau's high standards.

I expect you to see to it that proper controls are placed in effect and enforced so that instances of this nature will not recur.

Very truly yours,
REC-135
J. Edgar Hoover

John Edgar Hoover
Director

67-139391-391	
Searched	Numbered
4 OCT 8 1969	



1 - Movement

JJO:mcg
(4) *mcg*

Based on memo Adams to Callahan, 10-3-69, JBA:MFR/pam.

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

October 10, 1969

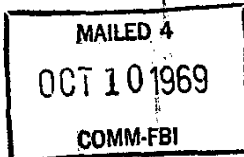
PERSONAL

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Mohr:

A particular agency recently complained of inaccurate responses on the part of the Identification Division in connection with the submission of six fingerprint cards for search through the files of that division. It has been determined that in four of the six instances criminal records were not detected as a direct result of carelessness on the part of Identification Division employees.

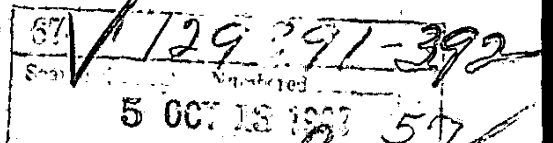
By permitting this situation to exist, you have failed to properly discharge your responsibilities and I will expect you to follow more closely the operations of those divisions under your supervision to insure maximum efficiency in handling our obligations.



Very truly yours,

REC-136
J. Edgar Hoover

John Edgar Hoover
Director



Rel
1 - Movement

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

JJO:mcg
(4) *mcg*

Based on memo Felt to Tolson, 10-9-69, WMF:wmj.

85

10 OCT 15 1969

MAIL ROOM ☐ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

Memorandum

TO : MR. TOLSON

DATE: 10/3/69

FROM : J. P. MOHR

SUBJECT: ANNUAL LEAVE REQUEST

Tolson _____
DeLoach _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

This past summer the group that I go fishing with on an annual basis made arrangements for our annual fishing trip this year to occur on October 8, 9 and 10. I of course enjoy these fishing trips tremendously and would like to participate with them this year. As a matter of fact, they have told me that if I could not go along, they would cancel the trip entirely. You know Don Parsons was always an enthusiastic member of this group.

The situation is complicated by the fact that Messrs. Casper and Trotter will be on annual leave at the same time. However, I wish to point out that neither of them has any pending projects or problems that would require me to be here while they are away or require them to be here while I would be away. As a matter of fact, they have both made extensive plans for their regular annual vacation and I would not want to do anything to interfere with their scheduled annual leave.

Alan DeLoach. H

If you feel it would be proper, I would like annual leave for the three days indicated and Mr. Callahan of course will be here while I am gone and will be sitting on my desk handling any of the matters that might come up. If necessary, he could always reach me by telephone in the evening through the Resident Agent at Wilmington, North Carolina. As you know, we go fishing from a small town near Wilmington called South Port, North Carolina. Of course, everything also hinges on the current hurricane situation in the Atlantic. As of this moment, it would appear that the fishing will be good.

JPM:DW
(2)

DeLoach will be gone Wednesday and part of Thursday.

REC-130

67. 129 393
7 NOV 3 1969

6 NOV 5 1969

✓
REC-132

January 20, 1970

0
Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mohr:

Many thanks for your kind letter of
January 16th concerning the recent series of CBS pro-
grams on the FBI. It was most thoughtful of your wife
and you to let me know of your reactions to it and I
am certainly grateful for your support.

Sincerely,

JEB

REK:llk (3)
llk

MAILED 22
JAN 20 1970
COMM-FBI

ReB
Tolson _____
DeLoach _____
Walters _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

JAN 22 1970
40

MAIL ROOM ☐ TELETYPE UNIT ☐

✓
PB
JEB
A
R2K

12
20

JOHN MOHR

b6
January 16, 1970

Dear Mr. Hoover:

My wife and I saw the five programs on CBS concerning your record as Director of the FBI and the organization itself. A careful review of the series reflected that there were numerous pluses and some minuses, but in my opinion the pluses far exceeded the minuses.

Stella and I thought that the program overall was very favorable to you and the Bureau, in spite of the fact that it included such stupid critics as Ramsey Clark. Such Bureau boosters as John Rooney and former Special Agent [redacted] did a great job of presenting you and the Bureau in proper perspective.

I have heard a number of comments from people inside the Bureau as well as outside the Bureau that they gained a favorable impression of you and the organization from the series. One person made the comment that the series presented a trivial amount of criticism and trash from a few detractors compared with an overwhelmingly favorable picture. I think that this observation is well taken.

I hope that such critics as CBS and its series inspire you to continue your great work in the Bureau.

Sincerely,

John Mohr

Honorable J. Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

REC-132

John Mohr
67-129341-394
Searched _____ Numbered _____
9 JAN 22 1970
40
S/RK

Mr. Tolson ✓
Mr. DeLoach _____
Mr. Walters _____
Mr. Mohr ✓
Mr. Bishop _____
Mr. Casper _____
Mr. Callahan _____
Mr. Conrad _____
Mr. Felt _____
Mr. Gale _____
Mr. Rosen _____
Mr. Sullivan _____
Mr. Tavel _____
Mr. Soyars _____
Tele. Room _____
Miss Holmes _____
Miss Gandy _____

3
JAN 16 1970
GEM

ask / omh
1-20-70
REK: cck

February 10, 1970

PERSONAL

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Mohr:

You recently approved a Service Award letter in connection with the Tenth Anniversary of [redacted] which improperly praised his services considering the fact that he was a personnel problem.

Had you afforded this matter the attention it deserved and considered his overall record, you would have noted that the letter was inappropriate. In the future, I expect you to review outgoing mail with more care.

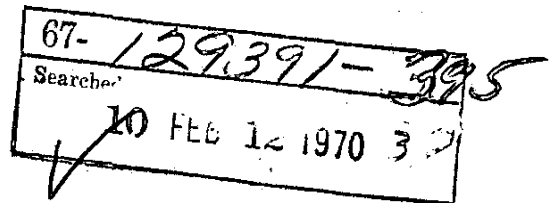
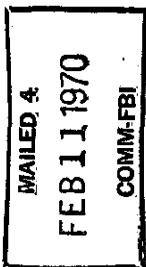
Very truly yours,

J. Edgar Hoover

John Edgar Hoover

Director

REC-138



1 - Movement

JBA:gms

(4)

Based on Director's routing slip of 2-10-70.

Tolson _____
DeLoach _____
Walters _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

FEB 17 1970

MAIL ROOM ☐ TELETYPE UNIT ☐

51

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: JOHN P. MOHRWhere Assigned: _____
(Division) (Section, Unit)Official Position Title and Grade: ASSISTANT TO THE DIRECTORRating Period: from APRIL 1, 1969 to MARCH 31, 1970ADJECTIVE RATING: OUTSTANDING Employee's
Outstanding, Excellent, Satisfactory, Unsatisfactory InitialsRated by: Clyde A. Tolson Associate Director 4/1/70
Signature Title DateReviewed by: _____
Signature Title DateRating Approved by: J. Edgar Hoover Director 4/1/70
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

7 APR 8 1970

3-jah

UNITED STATES GOVERNMENT

Memorandum

TO : The Director

DATE: April 2, 1970

FROM : Mr. Tolson

SUBJECT: JOHN P. MOHR
Assistant to the Director - Administrative

CARTHA D. DE LOACH
Assistant to the Director - Investigative

✓ Tolson ✓
DeLoach ✓
Walters ✓
Bishop ✓
Casper ✓
Callahan ✓
Conrad ✓
Felt ✓
Gale ✓
Rosen ✓
Sullivan ✓
Tavel ✓
Soyars ✓
Tele. Room ✓
Holmes ✓
Gandy ✓

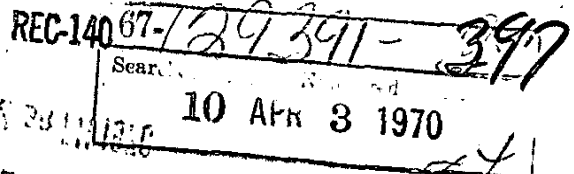
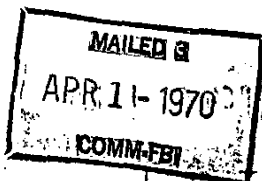
OUTSTANDING ANNUAL PERFORMANCE RATINGS

There are attached for approval the annual performance reports for Messrs. Mohr and DeLoach in which their services have been rated Outstanding for the period April 1, 1969, to March 31, 1970. I have signed these ratings as the Rating Official.

In the event you approve these ratings, I respectfully request that you sign both the original and the copy of each as the Approving Official.

RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of each of the attached Outstanding performance ratings and that Mr. Mohr and Mr. DeLoach each be furnished the original of his rating.



Enclosures

LDH:jab

(3)

1 - Personnel File of Cartha D. DeLoach

APR 9 1970

JOHN MOHR

April 1, 1970

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Walters	
Mr. Mohr	
Mr. Bishop	
Mr. Casper	
Mr. Callahan	
Mr. Conrad	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	
Mr. Tavel	
Mr. Soyars	
Tele. Room	
Miss Holmes	
Miss Gandy	

Dear Mr. Hoover:

I want to thank you for the Outstanding efficiency rating which you gave me effective March 31, 1970. I realize that my efforts are far short of this adjective rating, but you can be sure that I shall do everything possible in the year ahead to justify your confidence in me.

I would like to state that one of the great pleasures I derive in life is working for you and the Bureau, and I hope that you will be blessed with good health for many years to come so that you can guide our organization in trying to make this country strong.

Sincerely,

John Mohr

John Mohr

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

133 3
SECRET
REC-137

67-129541-398
Searched _____ Numbered _____
APR 6 1970

EX-111
APR 2 1970
4/3/70

98

April 27, 1970

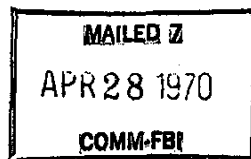
PERSONAL

0
Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Mohr:

A voucher requesting reimbursement for applicant investigations conducted at the request of the Department was recently submitted to the Assistant Attorney General for Administration. The appropriateness of certain statistical data contained therein was questioned by the Department and it is evident that this matter should have been resolved prior to the execution of the voucher. It was your overall responsibility to insure that there was proper coordination between the Divisions involved in this matter, and your failure to do so assisted in creating this undesirable situation.

In the future, it will be incumbent upon you to ascertain that all phases of matters of such importance have been thoroughly explored and a proper determination reached before submittal so that incidents of this nature may be avoided.



Very truly yours, 129391-379

J. Edgar Hoover

REC-148

John Edgar Hoover
Director

Searched

Numbered

APR 29 1970

Lea

- Tolson _____
- DeLoach _____
- Walters _____
- Mohr _____
- Bishop _____
- Casper _____
- Callahan _____
- Conrad _____
- Felt _____
- Gale _____
- Rosen _____
- Sullivan _____
- Tavel _____
- Soyars _____
- Tele. Room _____
- Holmes _____
- Gandy _____

1 - Movement

FW:gms
(4)

3 Based on memo Mohr to Mr. Tolson, 4-24-70, JPM:gt.

45
MAIL ROOM ☒ TELETYPE UNIT ☐

JOHN P. MOHR
67-129391-400
CHANGED TO
JAMES H. GALE
67-137786-487

6/1/70

#22

67-129391-400

UNITED STATES GOVERNMENT

Memorandum

Tolson ☒
DeLoach ☒
Walters ☒
Mohr ☒
Bishop ☒
Casper ☒
Callahan ☒
Conrad ☒
Felt ☒
Gale ☒
Rosen ☒
Sullivan ☒
Tavel ☒
Trotter ☒
Tele. Room ☒
Holmes ☒
Gandy ☒

TO : MR. TOLSON

DATE: April 24, 1970

FROM : J. P. MOHR

SUBJECT: DEPARTMENTAL APPLICANT
INVESTIGATIONS (DAPLI)

Reference is made to the memorandum from Mr. DeLoach and me to you under date of 4/24/70 the third recommendation of which recommended that a separate memorandum be sent through containing recommendations for disciplinary action in connection with the above matter.

In the attached memorandum from Mr. Cleveland to Mr. Gale dated 4/24/70 with regard to that Division's responsibilities in connection with this matter it is indicated that Division should have made a determination on 2/17/70 as to whether they should or should not be counting the Pardon Attorney-type cases as Departmental Applicant Type cases. For their failure to do so Mr. Gale recommends censure for himself and Section Chief William V. Cleveland and Mr. DeLoach concurs in this recommendation.

The Administrative Division has not maintained statistics with regard to the handling of this type of case, i. e. DAPLI as this is done in the Special Investigative Division. This is the first year in which the issue of reimbursement for such matters in excess of the number estimated has been raised.

The Administrative Division prepared and forwarded to the Assistant Attorney General for Administration by memorandum of 4/15/70 a voucher covering reimbursement in the total amount of \$284,480 for 68 professional and 332 non-professional investigations. These 400 cases represented in this billing were in excess of the 3570 cases for which provision had previously been made in our budget request for the fiscal year 1970. The voucher was prepared on the basis of a listing of 400 cases furnished by the Special Investigative Division. Included in this listing were 28 investigations conducted for the Pardon Attorney under the caption "application for pardon after completion of sentence." The significance of the inclusion of these cases in the listing furnished was not readily apparent to those responsible for the preparation of the voucher, i. e. Special Agent Supervisor Daniel J. Green and Assistant Director N. P. Callahan and they did not challenge the inclusion of these cases in the listing.

REC-136

67-129391-401

15 MAY 12 1970

Had Callahan and Green who were handling this matter questioned the inclusion of the 28 cases referred to from the Pardon Attorney before executing the voucher the misunderstanding which has occurred might have been avoided and it is regretted by them that the significance of these items was not recognized at the time but this in no way relieves them of their responsibility in this matter.

Encs. 3
JPM:gt (3) MAY 21 1970

COPY SENT TO MR. TOLSON

Memo to Mr. Tolson
Re: Departmental Applicant Investigations

RECOMMENDATIONS

1. It is recommended that Assistant Director Gale and Section Chief William V. Cleveland be censured.

*Let of C. and
prep 4-27-70
F.W. Green*

2. It is also recommended that Assistant Director Callahan and Special Agent Supervisor Daniel J. Green be censured.

*Let of C. and
to Mr. Callahan
4-27-70
F.W. Green* *Let of C. and
prep 4-27-70
F.W. Skj*

3. In view of the overall responsibility in this matter of Mr. DeLoach and myself, I recommend we likewise be censured for not insuring that there was proper coordination.

*Let of C. and
to Mr. Mohr
prep 4-27-70
F.W. Green*

*Let of C. and
to Mr. DeLoach
prep 4-27-70
F.W. Green*

Am *Viper 38*
I certainly concur. When I send
things with "Important & Urgent"
slip, any matter should not
be delegated down the line
by DeLoach & Mohr. There is
too much "executiveitis" here.
H

UNITED STATES GOVERNMENT

Memorandum

TO : MR. MOHR

FROM : N. P. CALLAHAN

SUBJECT:

DATE: May 5, 1970

Tolson	_____
DeLoach	_____
Mohr	_____
Bishop	_____
Casper	_____
Callahan	_____
Conrad	_____
Felt	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Walters	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

Name Searching Unit
Files and Communications Division
EOD 6/16/65

The caption of the memorandum concerning the above-named individual dated 4/30/70 had conflicting GS grades for employee

Upon review by the writer he regretfully failed to detect this discrepancy and will exert every effort in the future to preclude a recurrence.

NPC:gt
2

2
I can only say the same thing.
Robn *WJ*
5/5 b6

ADDENDUM BY MR. TOLSON CT:LCB

Everyone is sorry, that includes Mohr, Callahan, Beaver, Adams, Tavel and Marshall. That doesn't help me very much. When this memorandum was returned to me after getting explanations from all of these people was still carried in the caption as Grade GS 4. A copy of this memorandum should be placed in the file of each person mentioned.

John P. Mohr

N. P. Callahan

James B. Adams

NOT RECORDED
MAY 8 1970

John W. Marshall

REC-149

616386-31

Searched

File

10 MAY 8 1970

EX-102

MAY 8 1970

394

May 25, 1970

MEMORANDUM TO: MR. MOHR
MR. HYDE

RE: SAC EDWARD JOSEPH HAYES
MILWAUKEE DIVISION
PROMOTION TO GRADE GS 16

In reviewing a current summary of the Milwaukee Office, it is obvious an inadequate summary was furnished to me in the memorandum prepared by Hyde on April 29, 1970, recommending Hayes' promotion. As examples, the memorandum did not set forth the number of delinquent cases in the office, the full reasons why the office received a Fair rating on Investigative Operations in the last inspection, and the inadequate performance of the office in recruiting, particularly clerks for the Seat of Government.

The Fair inspection rating was given because delinquency was slightly higher than other offices of comparable size for 12 months, there were four substantive errors, and the Bank Robbery solution rate was only 30%. The fact that the office had recruited no agents since January 1, 1970, was not in itself disqualifying but coupled with their failure to provide no more than half of their clerical quota was then sufficient to give them a Fair rating on Applicant Recruiting. Although the Bank Robbery solution rate had increased from 30% to 47.1%, this was another indication that Hayes was not functioning properly as this solution rate was still below the field average and certainly not satisfactory. Your memorandum to me made no mention of applicant recruiting whatsoever, and all of the above matters should have been highlighted in the memorandum.

In the future I expect such memoranda to include adequate information in order for me to make a proper evaluation of the recommendation.

CLYDE TOLSON

RRB:crt (6)

1 - Personnel File of John P. Mohr
1 - Personnel File of William S. Hyde

6 JUN 2 1970

JOHN MOHR

July 1, 1970

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Walters	
Mr. Mohr	
Mr. Bishop	✓
Mr. Casper	
Mr. Callahan	✓
Mr. Conrad	
Mr. Felt	✓
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	
Mr. Tavel	
Mr. Soyars	
Tele. Room	
Miss Holmes	
Miss Gandy	

Dear Mr. Hoover:

I have received your notice that the Identification Division is being reassigned to my supervision effective July 1, 1970.

I want you to know that I accept this trust which you have reposed in me and I shall do everything in my power to try to make the Identification Division the very best possible and a division concerning which we can all be very proud.

Sincerely,

John Mohr

Honorable J. Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

REC-136 67-129391-402
Searched _____ Numbered _____
9 JUL 7 1970

7 JUL 9 1970

140

[Handwritten signature]

August 21, 1970

PERSONAL

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mohr:

I am especially pleased to commend you and to advise that I have approved an incentive award of \$250.00 for you in recognition of the superior manner in which you fulfilled your responsibilities during my absence from Washington. A check representing this award will be forwarded to you at a later date.

You fulfilled the responsibilities of your office in a most praiseworthy fashion and I want you to know that I am deeply appreciative.

Sincerely,
J. Edgar Hoover

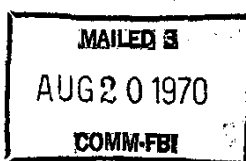
67-1211-403
Searched
8 AUG 24 1970

REC-139

WHS
RHC:mfs
(3)

RedB

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____



67 AUG 26 1970
MAIL ROOM ☐ TELETYPE UNIT ☐

JBA
HWS
103 51 15 21 64 JO
FBI
SEAL WORK

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date

6-18-70

I certify that I have ☒ received ☐ returned the following Government property for official use:

D. C. OFFICIAL PARKING PERMIT #3128
expires 6-30-71

RETURNED

D. C. OFFICIAL PARKING PERMIT #3403
expires 6-30-70

(det 7-2-70/cj)

FILE

3/ *cj*

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY

NOT RECORDED
5 JUL 13 1970

Very truly yours,

(Signature)

(Typed name)

John P. Mohr
J. P. Mohr

JOHN MOHR

August 21, 1970

Mr. Tolson ✓
Mr. Sullivan____
Mr. Mohr____
Mr. Bishop____
Mr. Brennan CD____
Mr. Callahan____
Mr. Casper____
Mr. Conrad____
Mr. Felt____
Mr. Gale____
Mr. Rosen____
Mr. Tavel____
Mr. Walters____
Mr. Soyars____
Tele. Room____
Miss Holmes____
Miss Gandy____

Dear Mr. Hoover:

Thank you for your letter of August 21,
and I want you to know that I deeply appreciated the
kind words contained therein.

I, of course, am very grateful for the
incentive award but more importantly I was deeply
pleased that I was associated with a winning team at
the Seat of Government while it was necessary for you
to be on the Coast and I was delighted to learn that
you thought our efforts were so satisfactory. I shall
always strive to perform my responsibilities the way
that you want them done.

Again, many thanks.

Sincerely,

John Mohr

Honorable J. Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

REC-132

67-129391-404
Searched _____ Numbered _____
6 AUG 25 1970 64

3-1111

October 2, 1970

PERSONAL

Dear Mohr:

Congratulations on this, your
Thirty-first Anniversary in the Bureau! I
certainly could not let the occasion pass without
sending my best wishes to you. Enjoy the day
and I hope the Bureau will have the benefit of
your services for many years to come.

Sincerely,

J. E. H.

REC-132

67-129391-405	
Searched	Numbered
10 OCT 2 1970 54	

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Tolson _____
DeLoach _____
Walters _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

Anniversary 10/11 - Sunday

JEH:edm (3)

edm

OCT 5 1970

MAIL ROOM ☐ TELETYPE UNIT ☐

18

SENT FROM D. O.	
TIME	9:02 AM
DATE	10-2-70
BY	EDB

JOHN MOHR

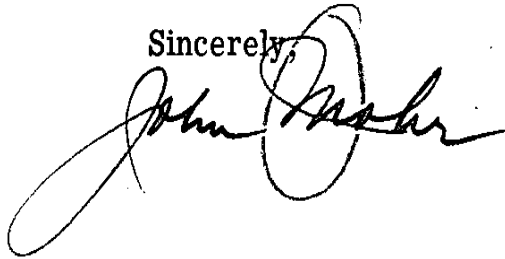
October 2, 1970

Mr. Tolson	✓
Mr. Sullivan	✓
Mr. Mohr	✓
Mr. Bishop	
Mr. Brennan	CD
Mr. Callahan	
Mr. Casper	
Mr. Conrad	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Tavel	
Mr. Walters	
Mr. Soyars	
Tele. Room	
Miss Holmes	
Miss Gandy	

Dear Mr. Hoover:

Thank you for remembering my
Thirty-first Anniversary in the Bureau. As
I have told you many times in the past, for me
it is a great pleasure and honor to work for
you and the Bureau, and I look forward to trying
to help you resolve some of the Bureau's problems
in the days ahead.

Sincerely,



Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

REC-131

67-12991-401	
Searched	Numbered
5 OCT 8 1970	

Handwritten initials and number 3

UNITED STATES GOVERNMENT

Memorandum

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

TO : Mr. Casper

DATE: 10/12/70

FROM : H. L. Sloan

SUBJECT: POLICE PILOT PROGRAM FOR
POLICE FIREARMS INSTRUCTORS
10/5 - 16/70

POLICE TRAINING - GENL

J. P. Mohr

During the course of the captioned Police Pilot Program, several members of the class fired perfect scores on the FBI Practical Pistol Course (PPC) on the Quantico ranges.

As you are aware, when a Special Agent or member of the FBI National Academy fires a perfect score on the PPC, he is awarded a key. In addition he receives a letter from the Director congratulating him on his accomplishment.

Five members of the above captioned class fired perfect scores on the PPC but they are not eligible for a Possible Key. It is felt, however, that these men should receive some recognition for their accomplishment and it is being recommended appropriate letters from the Director be prepared for them. Those firing possibles are as follows:

Patrolman [redacted] (fired 3 Possibles)
Police Department
Jackson, Mississippi

Detective [redacted] (fired 1 Possible)
Police Department
Las Vegas, Nevada

Corporal [redacted] (fired 1 Possible)
Police Department
Kansas City, Missouri

Lieutenant [redacted] (fired 1 Possible)
Police Department
Billings, Montana

Enclosures
WEA:les
(4)

1 - Mr. Malmfeldt
37-NOT RECORDED
10 OCT 28 1970

"CONTINUED OVER"

OCT 28 1970

REC-2
152-1360
OCT 23 1970
FBI REC. UNIT

Memorandum to Mr. Casper
Re: Police Pilot Program for
Police Firearms Instructors
10/5 - 16/70

b6

Sergeant [redacted] (fired 2 Possibles)
Police Department
El Paso, Texas

V.A.

ACTION:

A letter from the Director be sent to each of the above listed men congratulating them on firing a perfect score on the PPC while at Quantico. It is suggested these letters be prepared for presentation to the men during graduation Friday, 10/16/70.
*Proposed letters attached.

JP

OK
H

JJ

why the delay?

10/15

↑

why?

H

g/h

TEB/g

UNITED STATES GOVERNMENT

b6
b7D

Memorandum

TO : Mr. Mohr

DATE: October 12, 1970

FROM : J. J. Casper

SUBJECT: [REDACTED]

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

Memorandum J. J. Casper to Mr. Mohr dated October 9, 1970, set forth results of a request of [REDACTED] for conferences with Bureau officials. This request was based on a letter dated October 2, 1970, from [REDACTED] but not as yet received by the Bureau. (The letter has now been received.)

On this memorandum the Director noted "This letter from [REDACTED] came in early today & I routed it to Casper with an 'Important & Urgent' tag on it. This memo didn't reach me until 4.03 P. M. today. Where has it been all day? The time stamps on the memorandum reflected it reached the front office of the Training Division at 9:28 a. m., October 9, 1970, received in Mr. Mohr's Office on the same date at 9:46 a. m., received in Mr. Tolson's Office at 3:25 p. m. on October 9, 1970, and received in the Director's Office on October 9, 1970, at 4:03 p. m. It is regretted that this memorandum was delayed in reaching the Director and every effort will be made that there will be no future recurrence.

RECOMMENDATION:

Submitted for information.

REC 17

EX-103

OCT 21 1970

I regret the delay in my office but I just couldn't get to it any earlier.

TJJ:aga
(2)

RMS XEROX

OCT 28 1970 OCT 26 1970

COPY MADE FOR MR. TOLSON

PER. REC. UNIT

UNITED STATES GOVERNMENT

Memorandum

TO MR. TOLSON

DATE: October 13, 1970

FROM W. M. FELT

John P. Mohr

SUBJECT: MAIL ROUTING DELAYS

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

Two memoranda, Mr. Casper to Mr. Mohr (attached), explain recent mail delays. One dated 10/12/70 related to [redacted] and the Director instructed, "Look into this. Such delays cannot be tolerated." Other relates to class photograph of National Academy and the Director instructed, "Look into the delay in Mohr's Office."

[redacted] matter appears to have been handled promptly at all points except in Mr. Mohr's Office, where it was received at 9:46 AM and remained until about 3:00 PM. It was received in Mr. Tolson's Office at 3:25 PM same date. Mr. Mohr explained, "I regret the delay in my office, but just couldn't get to it any earlier." My inquiries reflect Mr. Mohr was extensively engaged in handling expedite budget material.

National Academy photograph matter was received in Training Division Front Office at 5:23 PM, Friday, 10/9/70. Mr. Casper advises substantial number of matters for his personal attention accumulated during his attendance at International Association of Chiefs of Police Convention. He explained he simply did not see item in question. On Monday morning, 10/12/70, Mr. Casper cleared all matters, including National Academy photograph memorandum, prior to 9:00 AM. Memorandum was received routinely in Mr. Mohr's Office at 9:39 AM but not received in Mr. Tolson's Office until 3:36 PM, where it was promptly handled and received in the Director's Office at 4:01 PM. Mr. Mohr was handling expedite budget material during this period and because memorandum was routed routinely, it was not specifically called to his attention.

OBSERVATIONS:

[redacted] matter remained in Mr. Mohr's Office for approximately 5 hours. National Academy matter remained in Mr. Casper's Office over weekend. Had it been sent forward on Friday when it was received, it would have been processed by Mr. Mohr on Saturday and sent to the Director in the pouch. Furthermore, had it been hand carried on Monday morning and tagged as urgent, it would have come to Mr. Mohr's attention promptly upon receipt. Regardless of circumstances, however, it should not have been allowed to remain in Mr. Mohr's Office for approximately 5 hours.

1 - Personnel Files of John P. Mohr and Joseph J. Casper
1 - Messrs. Mohr, [redacted] Callahan
Enclosures
WMF:wmj (7) FILED SEPARATELY
139

CONTINUED - OVER

Memo for Mr. Tolson
Re: Mail Routing Delays

Mr. Mohr and Mr. Casper regret delays, but their explanations are not acceptable.

RECOMMENDATIONS:

1. That Mr. Mohr be censured for delay in his office on 10/9/70 in handling matter, and for delay in his office on October 12 in handling National Academy photograph matter. If approved, to be handled by the Administrative Division.

Yes.
KH

Let Prep
10-14-70
JGO: Gm

2. That Mr. Casper be censured for allowing National Academy memorandum to remain in his office over weekend and for failure to give same special handling on Monday morning, October 12, 1970. If approved, to be handled by the Administrative Division.

Yes.
KH

V

7

MR

Let Prep
10-14-70
JGO: Gm

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Mohr

DATE: October 15, 1970

FROM : J. J. Casper

SUBJECT: ~~X~~ POLICE PILOT PROGRAM FOR
POLICE FIREARMS INSTRUCTORS
10/5 - 16/70

Mr. Tolson	<input checked="" type="checkbox"/>
Mr. Felt	<input type="checkbox"/>
Mr. Rosen	<input type="checkbox"/>
Mr. Mohr	<input type="checkbox"/>
Mr. Bishop	<input type="checkbox"/>
Mr. Miller, E.S.	<input type="checkbox"/>
Mr. Callahan	<input type="checkbox"/>
Mr. Casper	<input type="checkbox"/>
Mr. Conrad	<input type="checkbox"/>
Mr. Dalbey	<input type="checkbox"/>
Mr. Cleveland	<input type="checkbox"/>
Mr. Ponder	<input type="checkbox"/>
Mr. Bates	<input type="checkbox"/>
Mr. Tavel	<input type="checkbox"/>
Mr. Walters	<input type="checkbox"/>
Mr. Soyars	<input type="checkbox"/>
Tele. Room	<input type="checkbox"/>
Miss Holmes	<input type="checkbox"/>
Miss Gandy	<input type="checkbox"/>

J.P. Mohr

Reference is made to memorandum H. L. Sloan to Mr. Casper dated 10/12/70, recommending that letters be prepared and sent over the Director's signature to five individuals attending captioned school who fired possibles on the Practical Pistol Course. On this memorandum Mr. Tolson noted "Why the delay?". The Director noted "Why? H."

Referenced memorandum was prepared at Quantico on the late afternoon of October 12, 1970, and sent to Washington the following day arriving in the Training Division on October 13 at 3:09 p.m. The memorandum was received in Mr. Mohr's Office on the same date, October 13, at 4:34 p.m. It was received in Mr. Bishop's Office at 7:24 p.m. on the same date, October 13, in order to have the five letters prepared and attached for the Director's attention. The memorandum was received in the Correspondence and Tours Section on October 14 at 9:29 a.m. for the preparation of the letters. It was received in Mr. Bishop's Office with the letters on October 15 at 9:48 a.m. It was received in Mr. Sullivan's Office at 10:19 a.m. on the same date, October 15, and in Mr. Tolson's Office at 10:50 a.m. on the same date. It was received in the Director's Office at 12 Noon, October 15, with the five letters attached.

It is regretted that there was a delay in this matter reaching the Director's attention.

RECOMMENDATION:

Submitted for information.

- 1 - Mr. Sullivan
- 1 - Mr. Bishop
- 1 - Mr. Sloan
- TJJ/hcv
- (5)

REC-2 1-1152-1359
67-EX-113 RECORDED-10

OCT 23 1970

memo Tolson
memo all act pers
ESM/wm
10 OCT 28 1970
93

Field should look into these endless & continuous delays.

RMS XEROX
OCT 28 1970
PERS. REC. UNIT
COPY MADE FOR MR. TOLSON

REC-132

October 14, 1970

PERSONAL

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Mohr:

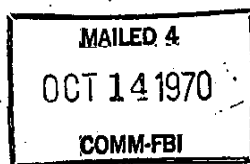
Recently I questioned what appeared to me to be unnecessary delays in memoranda reaching my office concerning two separate matters. I have been advised that there was in fact an unreasonable delay in each instance and that you were partially responsible since the memoranda remained in your office several hours before being processed. Your explanations are unacceptable.

In the future, you will be expected to handle correspondence promptly so that important matters are brought to my attention as soon as possible.

Very truly yours,

J. Edgar Hoover

John Edgar Hoover
Director



JJO:gms
(3)

Based on memo Felt to Mr. Tolson, 10-13-70, WMF:wmj.

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Warr _____
Room _____

OCT 28 1970

MAIL ROOM ☐ TELETYPE UNIT ☐

November 16, 1970

PERSONAL

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Mohr:

The recent assignment of [redacted] as driver of my car was improperly handled in that he was not afforded a current physical examination prior to being selected for this duty. You have overall responsibility for matters such as this and your failure to detect this omission is evidence that you did not pay proper attention to detail in this instance.

Your future administrative functions should be fulfilled in a more diligent manner so that I will not have to bring matters of this nature to your attention again.

Very truly yours,

J. Edgar Hoover

John Edgar Hoover
Director

REC-143

Searched

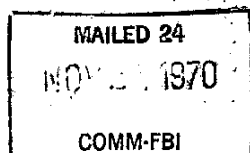
Numbered

5 NOV 17 1970

FW:gms
(3)

Based on memo Mr. Callahan to Mr. Mohr, 11-13-70, NPC:pmc.

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
ady _____



NOV 19 1970
MAIL ROOM TELETYPE UNIT

5525

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date

12/29/70

I certify that I have ☒ received ☐ returned the following Government property for official use:

(2) U. S. D. J. GARAGE PARKING PERMIT (DECAL) SPACE #84

RETURNED

U. S. D. J. GARAGE PARKING PERMIT #84

det.
DRK

FILE

DRK

Very truly yours,

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

(Signature)

John P. Mohr

(Typed name)

J.P. Mohr

NOT RECORDED

9 FEB 10 1971

UNITED STATES GOVERNMENT

Memorandum

TO : MR. MOHR

DATE: 11-13-70

b6

FROM : N. P. CALLAHAN

SUBJECT:

ARMORED CAR DRIVER

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

The Director in connection with the captioned driver has inquired "I want to know why [redacted] was assigned to my car without having been given a physical examination. When did he have his last physical? See that he is given one immediately."

Neither the writer nor [redacted] have any valid explanation as to why no physical examination was given to [redacted] prior to his being assigned as driver of the armored car. It is pointed out, however, that a review of [redacted] file prior to recommending his selection for this assignment determined that the last Government physical examination afforded him on 12-15-66 reflected no physical defects that would preclude him from this assignment.

[redacted] has been scheduled for a complete physical examination at Walter Reed Hospital on Friday, November 20, 1970.

b6

The above is submitted for information.

[redacted], Callahan and Mohr should be censured.

Nicholas P. Callahan
John P. Mohr

NPC:pmc

(3)

1 - Miss Holmes

10 DEC 2 1970

49 DEC 9 1970

COPY MADE FOR MR. TOLSON

REC-146 37-129391-409
DEC 2 1970

REC-132 37-573483-73
NOV 24 1970

MC
DEC 1 1970

DO-6

OFFICE OF DIRECTOR
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
January 29, 1971

My dear Mr Hoover:-

I want to thank you, so much for
autographing my books-

I am so proud and pleased to
give the books to my friends, as they
will appreciate them more with your
autograph.

[redacted] has visited the
F.B.I., thinks it is the greatest
organization in America, and it's men are the
finest on earth- Adele does think the same, as for
us we all feel that way-

My father, God rest his soul, thought you one
of the world's greatest men. He always said you
should be President of this great country of ours-
I agreed with him-

My Mother asked me to send her regards- She
was 89, the 11th of Dec- and still is wonderful- and
thinks of you as we do.

Again, thanks, and health and happiness to you-

Sincerely-

[redacted]

MR. TOLSON

MR. SULLIVAN

MR. [redacted]

MR. BISHOP

MR. BRENNAN, C.D.

MR. CALLAHAN

MR. CASPER

MR. CONRAD

MR. FELT

MR. GALE

MR. ROSEN

MR. TAVEL

MR. WALTERS

MR. SOYARS

MR. JONES

TELE. ROOM

MISS HOLMES

MRS. METCALF

MISS GANDY

REC-133

COPY:hcv

67-129391-410

Searched _____ Numbered _____

8 FEB 4 1971

No Ark - reply would
"Thanks for thanks"
8/24

Best Copy Available

January 29, 1917

My dear Mr. Hoover

I want to thank you
so much for autographing
my books.

I am so proud and
pleased to give the books
to my friends, as they will
appreciate them more with
your autograph.

[redacted] has visited
the F.B.I., thinks it is the
greatest organization in
America, and its men are
the finest on earth. Adele
does think the same, as for
us we all feel that way.
My father, God rest his
soul, thought you one of
the world's greatest men.
(over)

CLINTON PRINTS
He always said you should
be President of this great
Country of ours. I agreed with
him.

My mother asked me to
send her regards. She was
89, the 11th of Dec. and still
is wonderful and thinks of you
as ever. Again, thanks, and health
and happiness to you
S. Marshall



Operator's Road Test and Driving Certification
FD-288 (Rev. 10-19-66)

TO: Director, FBI

FROM:

CERTIFICATION

TO BE FILLED IN BY OPERATOR	Name of Operator (Print Last, First, Middle Initial) Mohr, John P.		Date 3/29/71
	Division and Section Assigned Assistant to the Director - Adm.		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Clerk
	This is to certify that I presently hold a valid motor vehicle operator's permit or driver's license as follows:		
	Permit Issued By: (State, Territory Possession, District) State of Virginia	Permit Number M15310-10935-082920	Permit Expires 7/30/72
	This is an <input checked="" type="checkbox"/> unrestricted <input type="checkbox"/> restricted permit. (If restricted, explain below)		
TO BE FILLED IN BY REVIEWING OFFICIAL	<input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses are required for driving <input type="checkbox"/> Yes <input type="checkbox"/> No		
	This further certifies that during the past three years I have driven a motor vehicle (government or personally owned) approximately 24,000 miles. During this time (a) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not received a traffic violation ticket; (b) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not been held at fault* as the driver of a motor vehicle involved in a traffic accident. (If affirmative answer, explain below, giving number and dates of offenses.) I further understand that when operating a Government vehicle I must assume responsibility for payment of any damage to same should I be found at fault.* I also understand the Government does not provide insurance coverage for damage to its vehicles.		
	* "At fault" means any case in which responsibility is conceded by employee or his insurance company or liability is fixed by duly constituted authority or administratively by the Bureau.		John P. Mohr Signature of Operator
	The personnel file of this employee has been reviewed and indicates the following information concerning the operation of a motor vehicle during the past three years:		
	<input checked="" type="checkbox"/> Continuous safe driving record <input type="checkbox"/> Involved in traffic accident and found at fault**		
I certify that this employee is:			
<input checked="" type="checkbox"/> Qualified on the basis of his safe driving record to operate motor vehicles on official business <input type="checkbox"/> Not qualified and must demonstrate his qualifications by satisfactorily passing a road test examination before operating a motor vehicle on official business			
Remarks:			
<input type="checkbox"/> Issue <input type="checkbox"/> Renew Operator's Identification Card - SF-46			
67-NOT RECORDED 5 APR 1 1971 139			
** "At fault" means any case in which the Bureau has taken disciplinary administrative action against the employee.			
(Over for Operator's Road Test Score Sheet)			
Official Signature [Signature]		Date 3/31/71	

RESULTS OF ROAD TEST

Vehicle Used in Test				Local of Test	
Make	Body Type	Year	City	State	
Transmission <input type="checkbox"/> Automatic <input type="checkbox"/> Manual		Date	Time	Examiner's Signature	
Instructions to Examiner Place check mark (✓) in space beside each error committed. If same error is repeated, add a check mark for each repetition. Multiply point value of each error (shown in box at left of each error listing) by number of check marks, placing total points for each category in box at lower right of each block. To obtain final score, total number of points scored in all categories.				TEST SCORE <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px auto;"></div>	
PASSING GRADE: Total Score of 25 Points or Less FAILING GRADE: Total Score of 26 Points or More Note Results in Box at Right of Instruction Block				Total Error Points Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
Check List					
1. Checking Vehicle Fails to: <input type="checkbox"/> — Adjust Rear-view Mirror <input type="checkbox"/> — Adjust Seat Properly <input type="checkbox"/> — Check Effectiveness of Hand & Foot Brake <input type="checkbox"/> — Check Windshield Wipers <input type="checkbox"/> — Check Horn and All Lights			2. Leaving Curb Fails to: <input type="checkbox"/> — Look Back to Check Traffic <input type="checkbox"/> — Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> — Wait for Approaching Traffic		
# of Points			# of Points		
3. Turning Fails to: <input type="checkbox"/> — Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> — Turn Carefully From Proper Lane			4. Backing Fails to: <input type="checkbox"/> — Observe Surrounding Conditions <input type="checkbox"/> — Back Slowly and Smoothly and Avoid Excessive Curb Contact		
# of Points			# of Points		
5. Controls Fails to: <input type="checkbox"/> — Handle Vehicle Smoothly <input type="checkbox"/> — Keep Both Hands on Wheel <input type="checkbox"/> — Smoothly Engage Shifting Mechanism <input type="checkbox"/> — Use Brakes Properly			6. Speed <input type="checkbox"/> — Exceeds Limit <input type="checkbox"/> — Too Slow for Traffic Conditions <input type="checkbox"/> — Too Fast for Traffic Conditions		
# of Points			# of Points		
7. Position on Roadway <input type="checkbox"/> — Follows too Closely <input type="checkbox"/> — Fails to Hold Proper Lane <input type="checkbox"/> — Straddles Lane Markings			8. Overtaking - Passing <input type="checkbox"/> — Misjudges Speed of Oncoming Traffic <input type="checkbox"/> — Passes in Intersection, on Hill, Curve, etc. <input type="checkbox"/> — Cuts in too Soon <input type="checkbox"/> — Fails to Signal (Hand, Light, Horn) When Conditions Warrant		
# of Points			# of Points		
9. Parking Fails to: <input type="checkbox"/> — Avoid Violent Bumping of Other Cars or Excessive Scraping of Curb <input type="checkbox"/> — Set Hand Brake <input type="checkbox"/> — Cramp Wheels Where Necessary			10. Railroad and School Zones Fails to: <input type="checkbox"/> — Obey Signals and Caution Warnings <input type="checkbox"/> — Be Alert for Unusual Conditions		
# of Points			# of Points		
11. Attention Fails to: <input type="checkbox"/> — Anticipate Hazardous Traffic Conditions (Including Pedestrians) <input type="checkbox"/> — Keep Full Attention on Operation of Car <input type="checkbox"/> — Limit Talking to Minimum <input type="checkbox"/> — Observe Posted Signs or Signals			12. General <input type="checkbox"/> — Nervous and Hesitant While Operating at Maximum Speeds Allowed on Open Highway <input type="checkbox"/> — Lack of Caution <input type="checkbox"/> — Timidity or Lack of Assurance Under Normal Driving Conditions		
# of Points			# of Points		
Remarks:					

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Bishop

DATE: 3-11-71

FROM : Mr. A. Jones

SUBJECT: REVISION OF CHART
"ORGANIZATION OF THE FBI"

J. P. Mohr

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

Attached is a proposed revision of this chart to include the position of Legal Counsel under the Associate Director, and to place Crime Records Division under Mr. Mohr, and the Laboratory under Mr. Sullivan.

RECOMMENDATION:

That this revision be approved and returned to the Crime Records Division for further handling.

Enclosure

- 1 - Mr. Mohr
- 1 - Mr. Sullivan
- 1 - Mr. Bishop
- 1 - Mr. Callahan

LSL:cl
(7)

APR 5 1971

RC 2800Z
APR 5 71

REC-132

V 2-3042

3 APR 10 1971

~~1 MAR 12 1971~~

Felt
Lip. 8

CRS. REC. UNIT

REC-134

April 5, 1971

PERSONAL

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mohr:

I am happy to advise you that the exceptional fashion in which you discharged your responsibilities for the period April 1, 1970, to March 31, 1971, has earned you an Outstanding performance rating. A copy of this rating is enclosed for you which you may retain.

Such a fine accomplishment should not go unrewarded. Therefore, I have approved an incentive award for you in the amount of \$500.00, which is represented by a check to be forwarded to you at a later date. I have been pleased with your outstanding services, often performed under difficult circumstances, and I do not want the occasion to pass without expressing my appreciation.

Sincerely,

J. Edgar Hoover

Enclosure

1 - Payroll Distribution (Sent Direct)

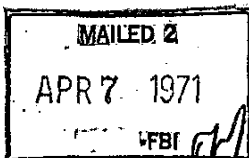
1 - Mrs. Randolph (Sent Direct)

JAB:dmj (5) Award #1464-71

Based on memo from Tolson to Director 4/5/71, LDH:ndl.

Salutation per file.

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Dalbey _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____



APR 12 1971

MAIL ROOM ☐ TELETYPE UNIT ☐

m. a. [signature]

2/5/71

UNITED STATES GOVERNMENT

Memorandum

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Dalbey _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

TO : The Director

DATE: 4/5/71

FROM : Mr. Tolson

SUBJECT: JOHN P. MOHR
Assistant to the Director - Administrative
OUTSTANDING ANNUAL PERFORMANCE RATING

In the event the Director desires to approve, there is attached the annual performance rating in duplicate covering Mr. Mohr's services from April 1, 1970, to March 31, 1971, in which he is rated Outstanding. I have signed this rating as the Rating Official.

In the event you approve this rating, I respectfully request that you sign both the original and the copy as the Approving Official. Additionally, in the event you approve, there is attached a letter advising Mr. Mohr of this action together with your approval of a \$500 cash award.

RECOMMENDATION:

In the event the Director desires to approve Mr. Mohr's Outstanding rating and afford him an award of \$500, the original and copy of the attached Outstanding performance rating should be signed by the Director as Approving Official as well as the attached letter advising him of approval of an award in the amount of \$500.

ADDENDUM:

Censured 4/27/70 for failure to ascertain certain statistical information was appropriate in connection with submission of a voucher requesting reimbursement for applicant investigations conducted by the Bureau.

Censured 10/14/70 as partially responsible for unnecessary delays in memorandum.

Censured 11/16/70 as the driver of the Director's vehicle had not been afforded a current physical examination prior to selection for such duty.

Enclosures
LDH:ndl
(2)
1970 Annual Rating: Outstanding

HANDLED SEPARATELY
ENCLOSURE

REC-134

67-129371-411

APR 8 1971

3-10-71

JOHN MOHR

April 5, 1971

Dear Mr. Hoover:

It seems that the jackal packs are combining forces with a view to getting you to leave your position as head of this Bureau. I have read the articles by Ken Clawson in the Post, Evans and Novak, Newsweek and Life magazines and it seems that the whole purpose of all of these articles is to review what they consider to be derogatory situations concerning your efforts to direct this Bureau with a view to forcing you to retire.

Personally I condemn these efforts and want to implore you to disregard this concerted attack upon you. For every jackal there are many thousands who support you to the fullest extent and want you to stay at the helm for many more years to come. I want to be counted among that group.

Sincerely,

John Mohr
John Mohr

Honorable J. Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

67-129391-412
Searched _____ Numbered _____
7 APR 12 1971

Mr. Tolson _____
Mr. Sullivan _____
Mr. Mohr _____
Mr. Bishop _____
Mr. Brennan CD _____
Mr. Callahan _____
Mr. Casper _____
Mr. Conrad _____
Mr. Dalbey _____
Mr. Felt _____
Mr. Gale _____
Mr. Rosen _____
Mr. Tavel _____
Mr. Walters _____
Mr. Soyars _____
Tele. Room _____
Miss Holmes _____
Miss Gandy _____

EX-100
APR 13 1971

ack.
4/6/71
JG

THREE

REC-124

April 6, 1971

Dear Mohr:

It was indeed heartwarming to receive your letter yesterday expressing your continuing staunch support. Although one cannot be entirely immune and remain detached from personal attacks, we can only continue doing our job and striving to make our investigations in a manner above criticism and yet carry out the responsibilities placed on us and weather the storm swirling around us now.

My sincerest thanks and deepest appreciation for commenting as you did.

Sincerely,

J.E.H.

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

SENT FROM D. O.	
TIME	2:58
DATE	4/6/71
BY	PEJ

JEH:edm (3)

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Dalbey _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐

TELETYPE UNIT ☐

JOHN MOHR

April 7, 1971

Mr. Tolson	✓
Mr. Sullivan	
Mr. Mohr	
Mr. Bishop	
Mr. Brennan	CD
Mr. Callahan	
Mr. Casper	
Mr. Conrad	
Mr. Dalbey	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Tavel	
Mr. Walters	
Mr. Soyars	
Tele. Room	
Miss Holmes	
Miss Gandy	

Dear Mr. Hoover:

I received your letter of April 5, enclosing an Outstanding performance rating for the period ending March 31, 1971, and advising me of an incentive award in connection with this rating.

I can't begin to tell you how much I appreciate this manifestation of kindness and thoughtfulness on your part. You have always been a great boss and a great friend and it has been a privilege to have worked for you and to have known you personally for a good part of my many years of service in this organization.

Again, many thanks.

Sincerely,

John Mohr
John Mohr
REC-12

Honorable J. Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

67-129391-413	
Searched	Numbered
1 APR 12 1971	

38

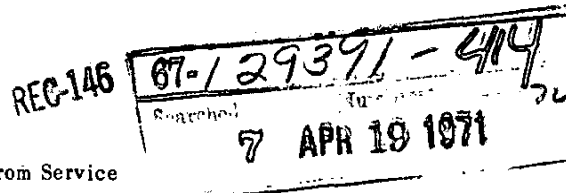
10 APR 13 1971
14

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: JOHN P. MOHRWhere Assigned: EXECUTIVE OFFICE
(Division) (Section, Unit)Official Position Title and Grade: ASSISTANT TO THE DIRECTOR-ADMINISTRATIVERating Period: from APRIL 1, 1970 to MARCH 31, 1971ADJECTIVE RATING: OUTSTANDING Employee's Initials
Outstanding, Excellent, Satisfactory, UnsatisfactoryRated by: Clyde A. Tolson Associate Director 4/1/71
Signature Title DateReviewed by: _____
Signature Title DateRating Approved by: J. Edgar Hoover Director 4/1/71
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

4 APR 27 1971

60

THREE

**JOHN P. MOHR
ASSISTANT TO THE DIRECTOR
ADMINISTRATIVE**

By virtue of his superlative performance during the period from April 1, 1970, through March 31, 1971, Mr. Mohr has definitely earned this Outstanding rating.

Mr. Mohr makes a most impressive personal appearance, always being immaculately attired in proper, conservative business-like dress and he possesses a friendly, mature personality. He is a particularly fine representative of the FBI and in his contacts not only with Bureau personnel at all levels but with top-level officials of Government as well, he engenders a feeling of trust, confidence and good will with all with whom he meets.

He has under his immediate supervision the Identification, Training, Administrative, Files and Communications and the Crime Records Divisions, which divisions handle diverse and highly specialized functions. As the overall responsibilities of the organization have increased tremendously, so too, has the work of these divisions and the attendant obligations of Mr. Mohr. He has, however, met the challenges of his position with enthusiasm and with conviction. He is a superb executive and administrator, furnishing the finest of leadership to his subordinates in whom he has instilled, by example, a desire for perfection.

Vigorous and robust, Mr. Mohr enjoys remarkable health and he works under great pressure for long periods of time without losing his composure or experiencing any lessening of efficiency. Each and every day, he handles a vast amount of material with dispatch and unerring accuracy. This he is able to do by virtue of the fact that over the course of a long and highly commendable career, he has become especially knowledgeable with every facet of Bureau operations and he is able to skillfully implement this vast knowledge through his constant exercise of superior intelligence, judgment and common sense.

The highly significant contributions that Mr. Mohr has made to the Bureau for over three decades and more particularly his invaluable assistance during the past year warrant this rating for him.

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 5-20-71

I certify that I have ☐ received ☒ returned the following Government property for official use:

del.
 /SOG Inspectors' Manual #3
 /Field Inspectors' Manual #592
 /~~Defense Plans Manual #112~~
 /Supervisors' Manual #25
 /Handbook of Technical Equipment Synopsis #ES-1 *destroyed*
 /FBI Handbook #35/
 /Manual of Rules and Regulations #53/
 /Manual of Instructions #1015/

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

FILE

31 *del.*

Very truly yours,

(Signature)

(Typed name)

JOHN P. MOHR

7

24 1971

36

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 6-25-71

I certify that I have ☐ received ☐ returned the following Government property for official use:

D. C. OFFICIAL PARKING PERMIT 6254
expires 6-30-72

RETURNED

D. C. OFFICIAL PARKING PERMIT #3128
expires 6-30-71 *del*

FILE

3/ *del*

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

(Typed name)

John P. Mohr
John P. Mohr

67-NOT RECORDED

9 JUL 27 1971

UNITED STATES GOVERNMENT

Memorandum

TO : THE DIRECTOR

DATE: 7/1/71

FROM : J. P. MOHR

SUBJECT: SAC CHARLES G. CUSICK
Cleveland Office

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Dalley _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

I have read Pages 11 through 15 of Mr. Cusick's permanent brief and I have to agree with you that the comments contained therein do not completely agree with the information furnished to me by Mr. Sullivan concerning Cusick's ability with paper work. Mr. Sullivan did advise me that during Cusick's assignment to the Central Research Desk he definitely indicated that his forte was not in handling paper and that he was primarily a field operations man, a leader of men.

I did note in an efficiency report dated March 31, 1959, Mr. Sullivan stated concerning Cusick that he was "a man thoroughly interested in Bureau work and administration, and in Mr. Sullivan's opinion, particularly adapted to field office administration and with more experience could be completely qualified for this type of work."

It would appear that Mr. Sullivan could have more fully and specifically described Mr. Cusick's aptitude in his efficiency reports.

JPM:DW
(2)

No one should be in charge of a Field Office if he cannot properly handle the necessary paper work incident to the same.

REC-144

414452-356

7 JUL 12 1971

9 JUL 16 1971

29

UNITED STATES GOVERNMENT

Memorandum

TO : MR. TOLSON

FROM : W. C. Sullivan

SUBJECT: SAC CHARLES G. CUSICK
Cleveland Office

DATE: 7/6/71

cc Mr. Sullivan
Mr. Mohr
Mr. Felt

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Beaver _____
Tele. Room _____
Holmes _____
Gandy _____

Reference is made to the attached memorandum from Mr. Mohr to the Director, dated 7/1/71. Because this memorandum creates a certain ambiguity relative to SAC Charles G. Cusick, I do believe it needs some clarification.

Mr. Mohr refers to comments made by me concerning Cusick's ability with paper work. The question of "paper work" related only to research analysis and writing. When Mr. Cusick worked under my supervision it was at a time when I was in charge of the Research Section. This is highly specialized work and I do not believe that Mr. Cusick's limited aptitude for handling this kind of paper work should in any way reflect unfavorably upon him as an SAC, or in the handling of operational paper work which goes with such a position. As a matter of fact, I would hazard a guess that 50% of the Assistant Directors have no more specialized ability in the field of research and analysis, in handling this type of paper work, than has Mr. Cusick.

Mr. Cusick is a former Marine Captain who saw extensive battle action in the Asian theater. I thought when he worked for me, and I think now, that he is a natural leader of men with superior ability in field office operations. If we had an accurate yardstick to make such a measurement, it would not surprise me in the least that, on its being applied, Mr. Cusick would turn out to be one of the five best SACs we have, out of the total number of 59. I think the record shows that Mr. Cusick has been a very valuable field office administrator, and I do believe this is where he can best serve the Bureau.

Lastly, my brief conversation with Mr. Mohr about this matter was purely informal. When I made the reference to

CONTINUED----OVER

WCS:CSH (4)
Enclosure

9 JUL 16 1971

39

7 JUL 12 1971

44-414452-354

64

3/1/71

Mr. Tolson

"paper work" it was within this specialized context. I think that in the future, when Mr. Mohr does not believe a person has the qualifications to work in his office, he should advance reasons of his own, and not take from a casual conversation one of my remarks and use it out of context.

RECOMMENDATION -

For the information of the Director.

V wel RMZ

October 1, 1971

PERSONAL

Dear Mohr:

Tomorrow you will be celebrating
your Thirty-second Anniversary in the Bureau.
You can well take pride in your length of service,
and I want to extend my best wishes and congrat-
ulations to you on this occasion.

Sincerely,

J. E. H.
REC-132

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

67-129371-415
Numbered 71
7 OCT 1 1971

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Dalbey _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Beaver _____
Tele. Room _____
Holmes _____
Gandy _____

Anniversary 10/2 - Saturday

JEH:edm (3)

OCT 5 1971

MAIL ROOM ☐ TELETYPE UNIT ☐

SENT FROM D. O.	
TIME	8:30 AM
DATE	10-1-71
BY	FLB

JOHN MOHR

✓
PBO
7

October 1, 1971

Dear Mr. Hoover:

It was very kind of you to remember my Thirty-second Anniversary in the Bureau, and I want you to know that I am proud of my Bureau career and if I had to start all over again I wouldn't have it otherwise. I have enjoyed working for you and I hope that I am blessed with good health to continue to do so.

Sincerely,

John Mohr

REC-132

129291-416

67-129291-416	
Searched	Numbered
8 OCT 5 1971	

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

TEBEE
[Signature]

FILE
7

17

March 4, 1972

Dear John:

I want to express to you my appreciation for the assistance which you were to me yesterday during the hearings before the House Subcommittee on Appropriations. I think it was the longest session we have ever had before that Committee and, had it not been for your complete familiarity with the details necessary and the availability of material, I know that we would not have had as good a reception as we did receive.

With appreciation, I am

Sincerely,

J. E. H.

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

REC-137

67-129391-487	
Searched _____	Numbered _____
5 MAR 6 1972 19	

JEH:RM (3)

SENT FROM D.O.	
MAR 3 1972	
BY	ETU

Mr. Tolson _____
Mr. Felt _____
Mr. Rosen _____
Mr. Mohr _____
Mr. Bishop _____
Mr. Miller, E.S. _____
Mr. Callahan _____
Mr. Casper _____
Mr. Conrad _____
Mr. Dalbey _____
Mr. Cleveland _____
Mr. Ponder _____
Mr. Bates _____
Mr. Waikart _____
Mr. Walters _____
Mr. Soyars _____
Tele. Room _____
Miss Holmes _____
Miss Gandy _____

2 MAR 10 1972

MAIL ROOM ☐ TELETYPE UNIT ☐

JOHN P. MOHR

March 6, 1972

Dear Mr. Hoover:

JOSEPH E. HENEHAN
ALBERT P. GUNSSER
DANIEL I. GREEN

Thank you for your very fine letter of March 4, concerning the little assistance I gave you during your appearance before the House Subcommittee on Appropriations on Friday, March 3. Needless to say, you did your usual outstanding job and it was very obvious from sitting back and listening that the members were deeply impressed with what you had to say. I was very proud of the magnificent manner in which you described the operations and workings of the Bureau.

I think it is only fitting and proper for me to call to your attention the fact that some of our associates in the Bureau were good right hands in making this presentation as good as it turned out to be. Not only were these individuals of great help in preparing the material initially but they spent many hours in going over the transcript to make sure that it adequately and completely represented you and the Bureau in the best possible manner. For that reason I would like to pay tribute at this time to the efforts of Messrs. Callahan, Gunsser, [redacted] Dan Green and Joe Henehan. Special Agent Dan Green was particularly outstanding in his contributions to the preparation of the material, as well as in the review of the transcript.

Again, I want you to know it was a real pleasure to have the opportunity of accompanying you during this very important presentation and I look forward to being with you

Mr. Tolson	
Mr. Felt	
Mr. Rosen	
Mr. Mohr	
Mr. Bishop	
Mr. Miller, ES	
Mr. Callahan	
Mr. Casper	
Mr. Conrad	
Mr. Dalbey	
Mr. Cleveland	
Mr. Ponder	
Mr. Bates	
Mr. Wolkart	
Mr. Walters	
Mr. Soyars	
Tele. Room	
Miss Holmes	
Miss Gandy	

3-20-72
38

MAR 8 1972

REC-140

7-129391-418

FREE

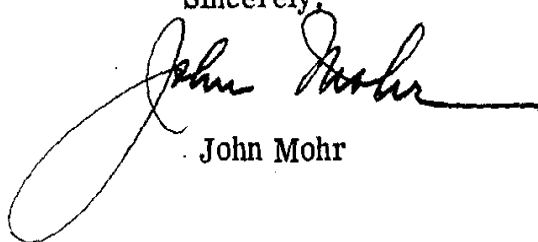
1055 AEROX

MAR 28 1972

Letter to Callahan
and Henehan
3-13-72

during the presentation before the Senate Subcommittee on Appropriations at 2:00 p. m. on Friday, March 10. You have my very best wishes for a most successful appearance on that occasion.

Sincerely,

A handwritten signature in dark ink, appearing to read "John Mohr". The signature is fluid and cursive, with a large loop at the beginning and a horizontal line extending to the right.

John Mohr

Honorable J. Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

Best Copy Available

April 3, 1972

PERSONAL

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mohr:

It is with considerable pleasure that I inform you that your services during the period from April 1, 1971, to March 31, 1972, have been superior and have merited an Outstanding performance rating for you. Enclosed is the original of this rating which you may retain.

This is certainly a very fine achievement and, in recognition of your exceptional efforts in the Bureau's behalf this past year, I am pleased to advise you that I have approved an incentive award for you of \$500.00. The check representing this award is enclosed. You have performed your important responsibilities with admirable ingenuity, effectiveness, and loyalty and I want you to know that I am appreciative.

Sincerely,

J. Edgar Hoover

Enclosures (2)

1 - Mrs. Randolph (Sent Direct)

JMP:blg (4)

Award #1021-72

Based on memo Tolson-Director 3-31-72, LDH:psg.

Salutation per file.

Mr. Tolson _____
Mr. Felt _____
Mr. Campbell _____
Mr. Rosen _____
Mr. Mohr _____
Mr. Bishop _____
Mr. Miller, E.S. _____
Mr. Callahan _____
Mr. Casper _____
Mr. Conrad _____
Mr. Dalbey _____
Mr. Cleveland _____
Mr. Ponder _____
Mr. Bates _____
Mr. Waikart _____
Mr. Walters _____
Mr. Soyars _____
Tele. Room _____
Miss Holmes _____
Miss Gandy _____

3 APR 10 1972
MAIL ROOM ☐ TELETYPE UNIT ☐

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: JOHN P. MOHRWhere Assigned: EXECUTIVE OFFICE
(Division) (Section, Unit)Official Position Title and Grade: ASSISTANT TO THE DIRECTOR-ADMINISTRATIVERating Period: from April 1, 1971 to March 31, 1972ADJECTIVE RATING: OUTSTANDING Employee's Initials
*Outstanding, Excellent, Satisfactory, Unsatisfactory*Rated by: Clyde A. Tolson Associate Director 4/1/72
Signature Title DateReviewed by: _____
Signature Title DateRating Approved by: J. Edgar Hoover Director 4/1/72
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-133

67-127311-120

Searched _____ Numbered _____

2 APR 4 1972 39

THREE

3 APR 10 1972
62

**JOHN P. MOHR
ASSISTANT TO THE DIRECTOR
ADMINISTRATIVE**

From April 1, 1971, through March 31, 1972, the caliber of Mr. Mohr's performance was so exceptionally high as to decidedly merit this rating of Outstanding for him.

Mr. Mohr bears the responsibility for supervising the Identification, Training, Administrative, Files and Communications, and Computer Systems Divisions. In fulfilling his responsibilities, the magnitude of which has substantially increased over the years, he consistently demonstrates his outstanding qualities as an executive and administrator. He is completely knowledgeable not only with respect to his immediate duties but with all facets and phases of the investigative and administrative operations of the Bureau. He skillfully implements this knowledge on a daily basis while handling a voluminous amount of complex work by virtue of his remarkable intelligence and unerring good judgment.

Mr. Mohr is fully capable of working for long periods of time under great pressure and without respite, never experiencing any loss of composure or efficiency. He instills in all with whom he comes in contact the feeling of confidence and respect, and he is a most effective representative of this Bureau.

Mr. Mohr has proven his tremendous value to the organization over the course of a long and distinguished career, and his contributions to the advancement of the FBI during the past rating year have been particularly significant.

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 5.2.72I certify that I have ☐ received ☐ returned the following Government property for official use:

Color

SPECIAL AGENT CREDENTIAL CARD ~~WITH CASE~~ # 7

Asst to Dir

RETURNED

B & W

OLD SPECIAL AGENT CREDENTIAL CARD WITH CASE # 7

Asst to Dir

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

FILE

31

Very truly yours,

(Signature)

John P Mohr

(Typed name)

7-NOT RECORDED

1 OCT 23 1972

29

UNITED STATES GOVERNMENT

Memorandum

TO : The Director

DATE: March 31, 1972

FROM : Mr. Tolson

SUBJECT: JOHN P. MOHR
Assistant to the Director - Administrative

ALEX ROSEN
Assistant to the Director - Investigative

OUTSTANDING ANNUAL PERFORMANCE RATINGS

There are attached for approval the annual performance reports for Messrs. Mohr and Rosen in which their services have been rated Outstanding for the period April 1, 1971, to March 31, 1972. I have signed these ratings as the Rating Official.

In the event you approve these ratings, I respectfully request that you sign both the original and the copy of each as the Approving Official. Additionally, enclosed are two letters advising Messrs. Mohr and Rosen of your approval of a cash award of \$500 for each of them in recognition of their Outstanding ratings.

RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of each of the attached Outstanding performance ratings and that Mr. Mohr and Mr. Rosen each be furnished the original of his rating. It is also recommended that the attached letters be signed advising them of your approval of awards in the amount of \$500 each.

Mr. Tolson _____
Mr. Felt _____
Mr. Campbell _____
Mr. Rosen _____
Mr. Mohr _____
Mr. Bishop _____
Mr. Miller, E.S. _____
Mr. Casper _____
Mr. Conrad _____
Mr. Dalbey _____
Mr. Cleveland _____
Mr. Ponder _____
Mr. Bates _____
Mr. Waikart _____
Mr. Walters _____
Mr. Soyars _____
Tele. Room _____
Miss Holmes _____
Miss Gandy _____

1/58 2 ENCLOSURE
LDH:psg
(3)
1 - Personnel File of Alex Rosen

OK
REC-133

57-127391-1
Numbered
1 APR 6 1972

HVB
K

3' 88

APR 10 1972

May 8, 1972

PERSONAL

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Mohr:

I am aware of the fact that the smooth
handling of arrangements for Mr. Hoover's funeral
is largely due to your splendid leadership.

You fulfilled your responsibilities in
this trying and difficult matter in an especially
praiseworthy manner and I am genuinely grateful.

Sincerely yours,

L. Patrick Gray III

1 - Mrs. Randolph (Sent Direct)

RHC:jmp

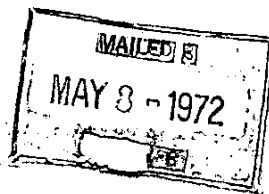
(4)

Zhr

2 may 8 1972

nm

Tolson _____
Felt _____
Campbell _____
Rosen _____
Mohr _____
Bishop _____
Miller, E.S. _____
Callahan _____
Casper _____
Conrad _____
Dalbey _____
Cleveland _____
Ponder _____
Bates _____
Waikart _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____



MAIL ROOM ☐

TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

Memorandum

[Handwritten signature]
Rosen _____
Bates _____
Bishop _____
Callahan _____
Campbell _____
Casper _____
Cleveland _____
Conrad _____
Dalbey _____
Marshall _____
Miller, E.S. _____
Ponder _____
Soyars _____
Walters _____
Tele. Room _____
Mr. Kinley _____
Mr. Armstrong _____
Ms. Herwig _____
Mrs. Neenan _____

TO : THE DIRECTOR

DATE: 6/6/72

FROM : J. P. MOHR

SUBJECT: ANNUAL LEAVE

John P. Mohr

*to send leave Office
of Management
Cross state*

b6

I would like to request annual leave for half a day on Friday, June 9, and for all day on Monday, June 12.

John P. Mohr

If this leave is approved I plan on proceeding to Kingston, New York, to visit my 91-year-old mother. who is presently attending In-Service training, plans to accompany me.

My mother has been in extremely delicate health and recently returned home from a siege in the hospital and in a nursing home. She is being attended by my oldest sister. My mother needs some assistance with her personal affairs, which I plan to take care of during this period of leave if approved by you.

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

JPM:DW
(2)

Approved. JPM 6/6 10:16 PM

67-
5 JUN 9 1972

REC-13

WONH

JUN 14 1972
66

[Handwritten signature]

*Mr. B. J. Miller
Room 12-72
(100) 12-72*

June 26, 1972

*7-17-72 (C) 123-72
when 100 6-30-72 21-72
6-30-72 21-72
7-17-72
final 6-30-72
annuity to 7-1-72*

Honorable Andrew E. Ruddock
Director
Bureau of Retirement, Insurance,
and Occupational Health
Civil Service Commission
Washington, D. C. 20415

Dear Mr. Ruddock:

Enclosed is an Application for Retirement executed by John P. Mohr, an Assistant to the Director of this Bureau, who has indicated that he desires to retire June 30, 1972. There are also enclosed a Form CSC 1084 and a copy of his Standard Form Number 2806.

During his service with this Bureau, Mr. Mohr has participated in and supervised the investigation of violations of laws of the United States and has performed duties of a hazardous nature. His services have been entirely satisfactory and he has met the requirements necessary to retire under the provisions of Section 8336(c) of Title 5, United States Code.

In accordance with the action of the Attorney General delegating authority to me to make appropriate recommendations in connection with applications for retirement from employees of the Federal Bureau of Investigation, I hereby recommend that Mr. Mohr's retirement be approved.

*Forwarded to CSC on 6/28/72
at 9:30 by T.W. Hoffman*

Sincerely yours,

19 JUN 28 1972

1 - Mr. Row, 6221 IB
1 - Miss Tibbetts, 4746
1 - Mrs. Foley, 4515
1 - Movement, 5524

L. Patrick Gray, III
Acting Director

Felt _____
Mohr _____
Rosen _____
Bates _____
Bishop _____
Callahan _____
Campbell _____
Casper _____
Cleveland _____
Conrad _____
Dalbey _____
Marshall _____
Miller, E.S. _____
Ponder _____
Soyars _____
Walters _____
Tele. Room _____
Mr. Kinley _____
Mr. Armstrong _____
Ms. Herwig _____
Mrs. Neenan _____

PTJ:njd
(7)

Enclosures (3)

NOTE: Ceased active duty 6/23/72; retirement effective 6/30/72.

MAIL ROOM ☐ TELETYPE UNIT ☐


WBS

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B P	SIGNATURE OF WARD PHYSICIAN			DATE
	M	Cau				MARSHALL E. GROOVER Jr. Col., USAF (MC) F/S			3 Dec 58
RHYTHM						AXIS DEVIATION (QRS)		RATES 80	
Regular sinus								AURIC. VENT.	
INTERVALS						P WAVES			
PR 0.16 QRS 0.06 QT									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									

PRECORDIAL LEADS (Specify)

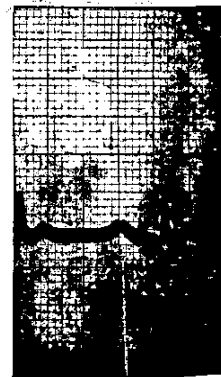
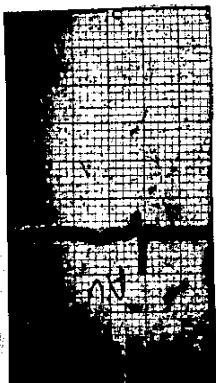
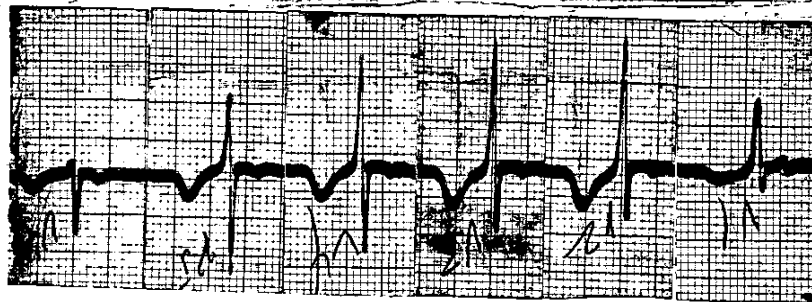
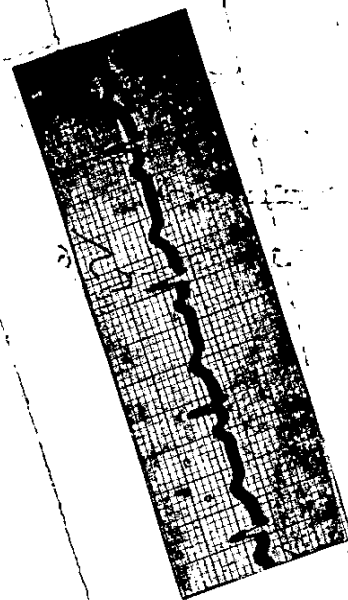
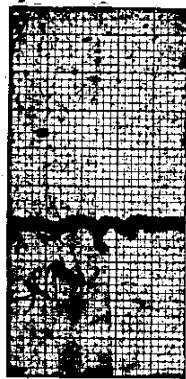
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

This cardiogram is within normal limits.

NO.	SIGNATURE	TITLE	DATE
ECG		Captain, USAF (MC)	5 Dec 58
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

MOHR, John Mr.
Flight Surgeons Office
Rm. 24, U.S. Army Disp. Pentagon
Washington 25, D. C.

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)



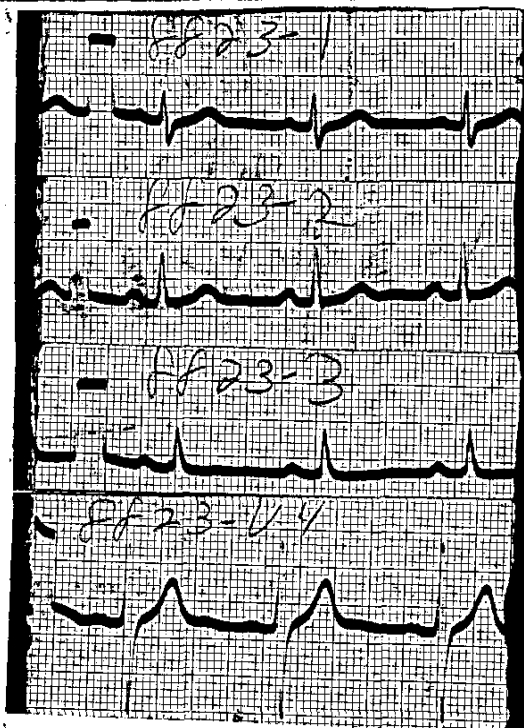
NNMC-172
(15m)

b6

NATIONAL NAVAL MEDICAL CENTER
BETHESDA, MARYLAND

ELECTROCARDIOGRAPH STUDY

Name MOHR, John P. Rate FBI Age 38 Ward 101
Diagnosis _____ Previous Tests No
Referred by [redacted] MC, USN(R)



INTERPRETATION

Cardiac No. D-8823

ECG Taken 9-28-48

Rhythm: Sinus.
Rate: 72 per minute.
P Waves:

P-R Interval: .16 seconds.

QRS Occupies:

Q Waves:

Axis Deviation: Right.

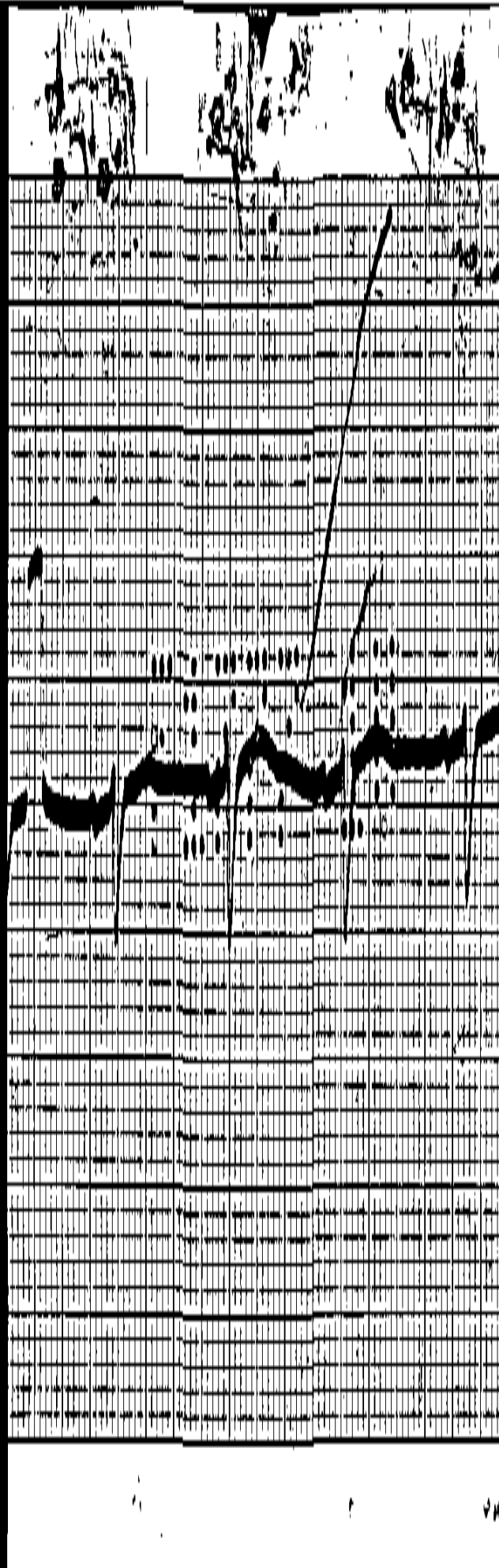
S-T Segment:

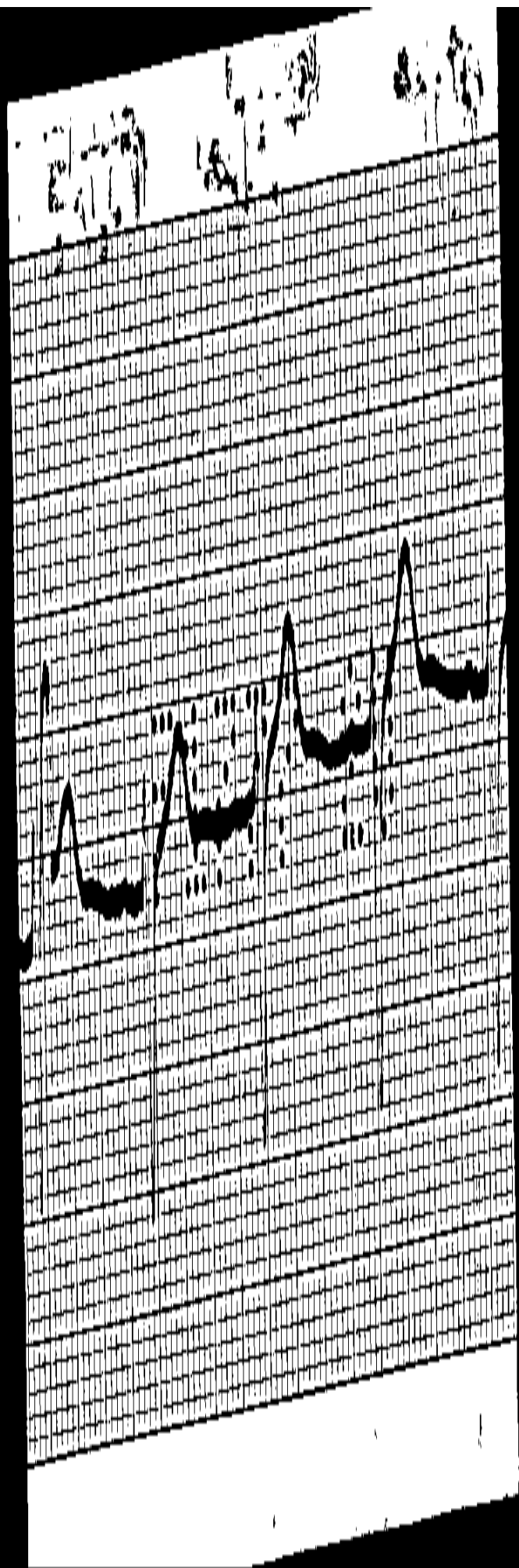
T Waves: Upright in all leads.

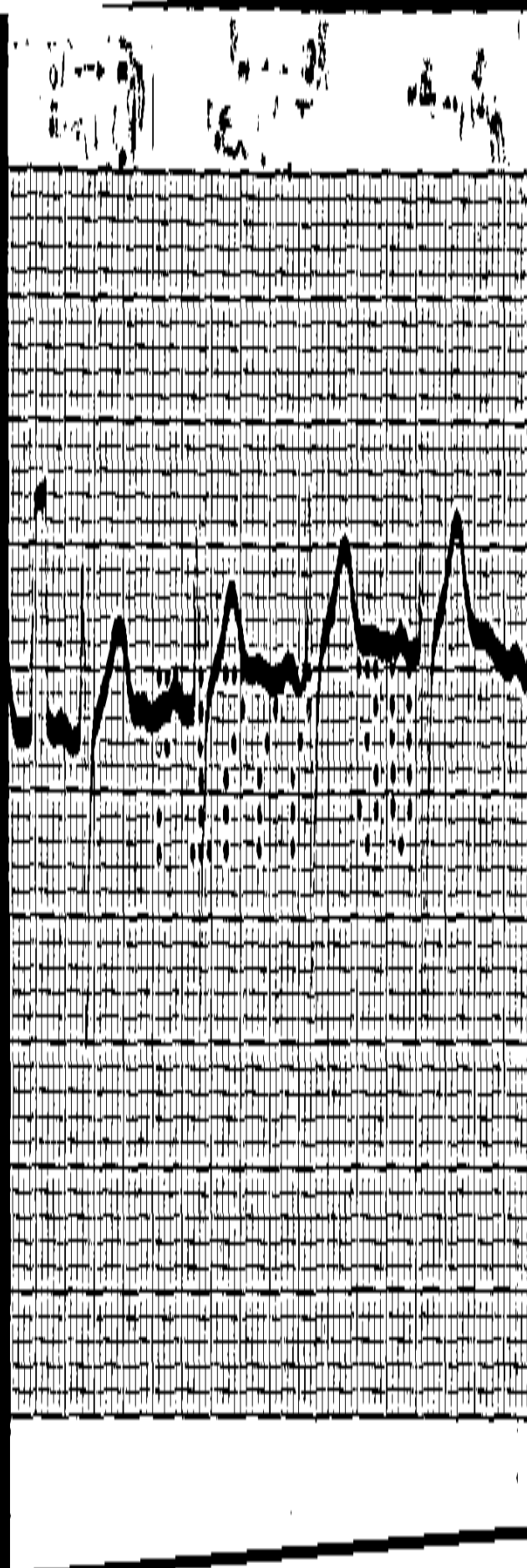
Chest Leads:

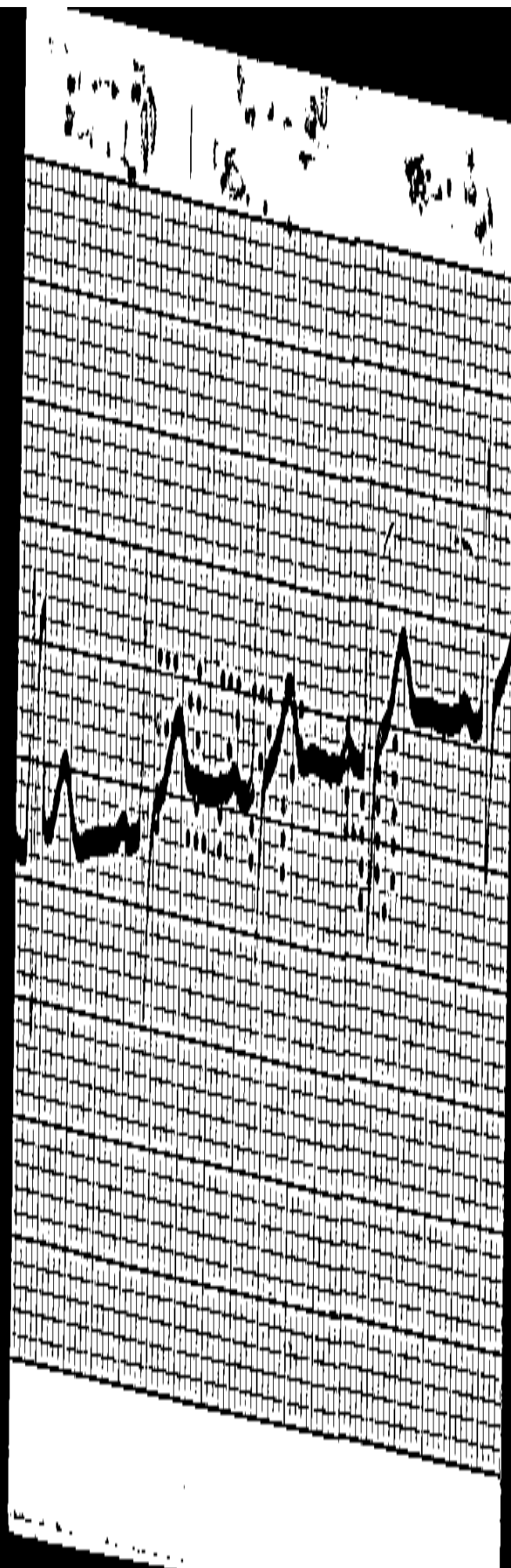
Conclusion: The right axis deviation is the most noteworthy feature.

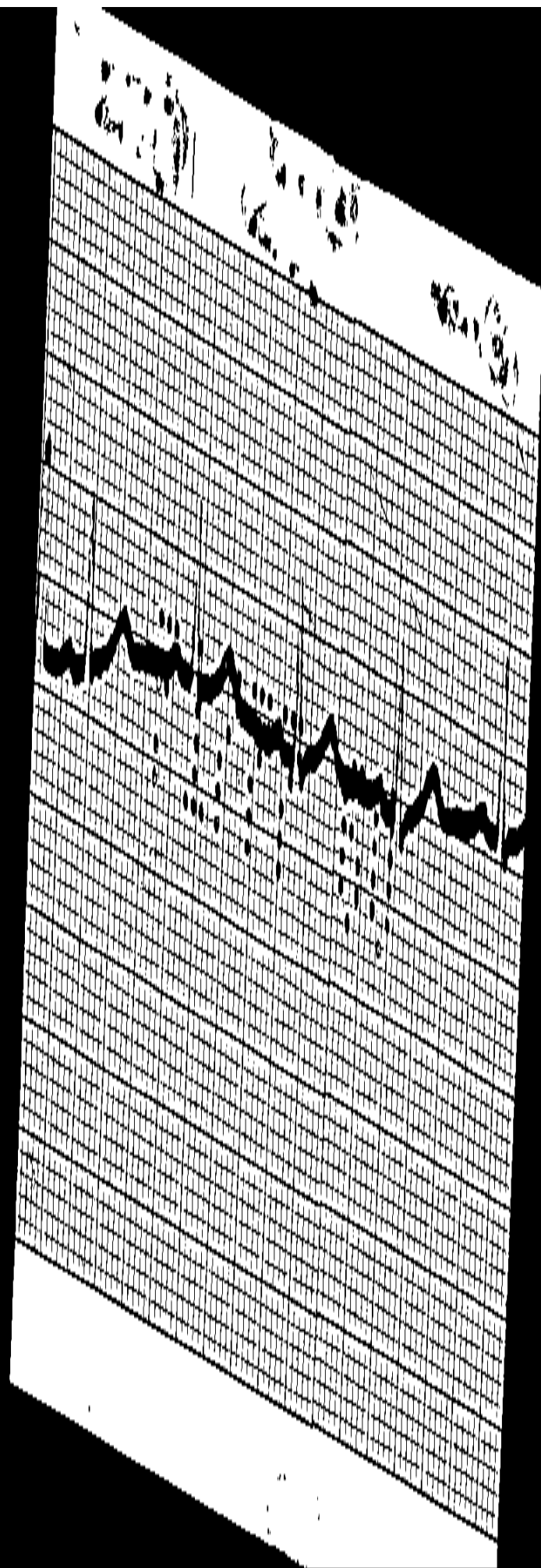
[redacted] advised that
this is not in any way
disqualifying and he does
consider it at all significant.

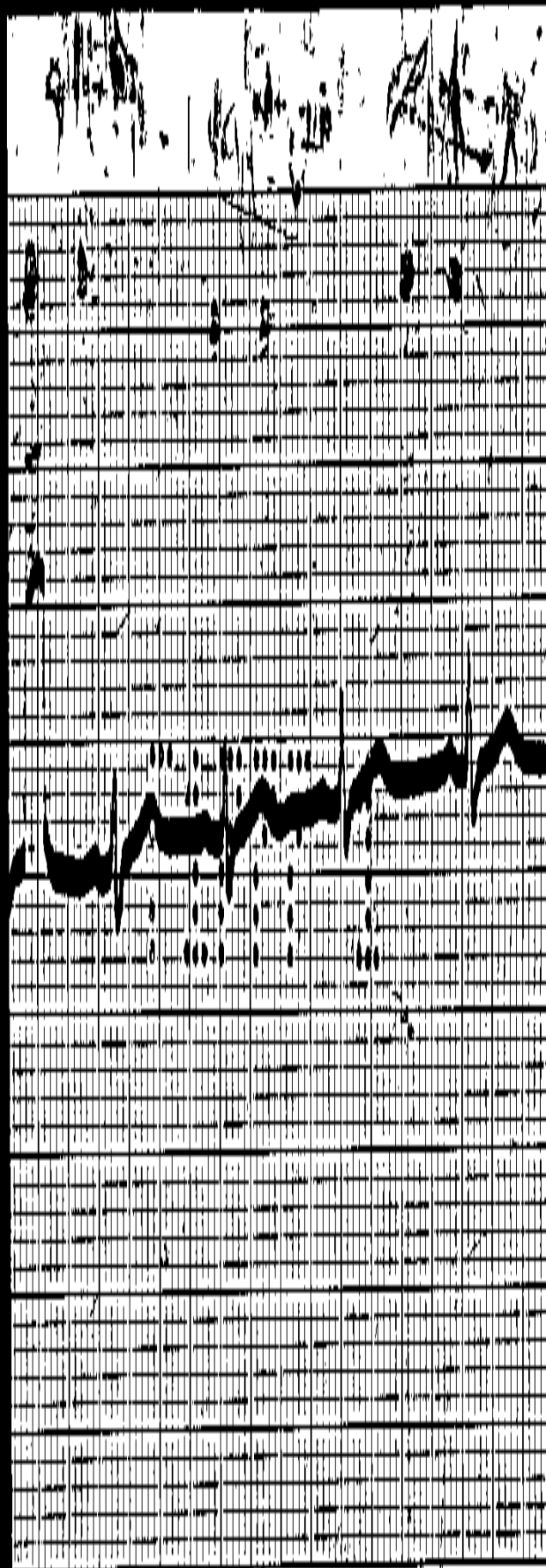












SANBORN VISO-CARDIETTE *Permapaper*

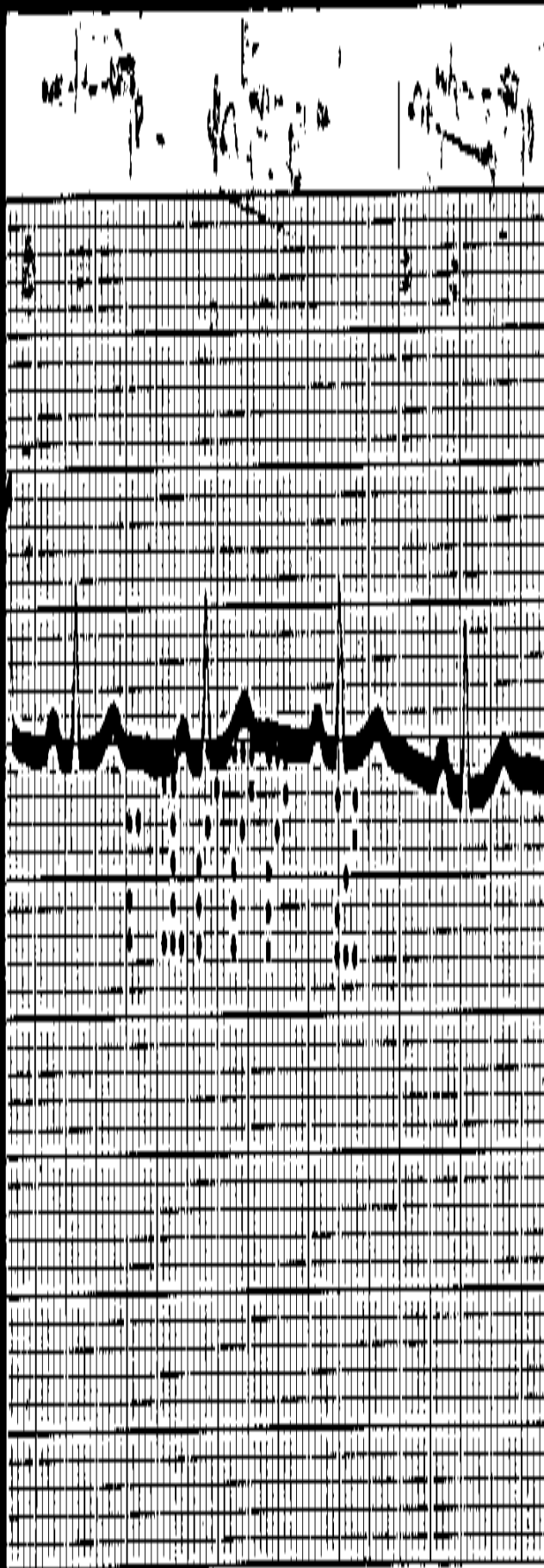
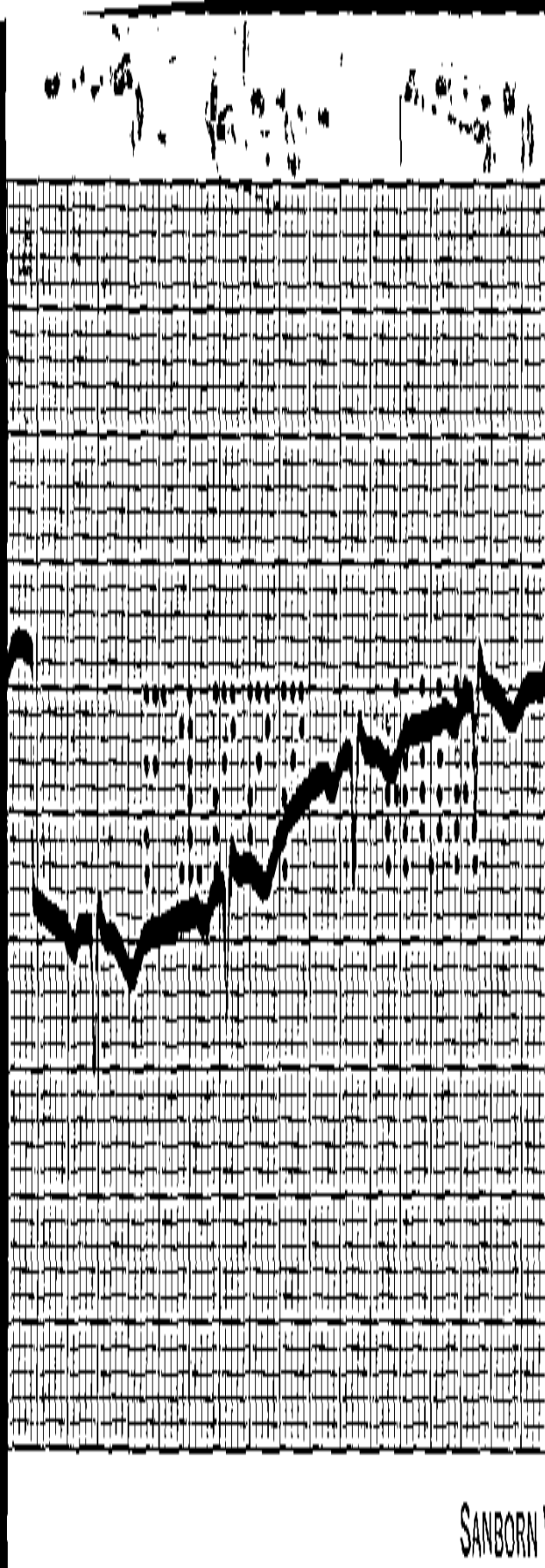


CHART NO. 120



SANBORN VISO-CARD





10/10/10



SAN

CLINICAL RECORD						ELECTROCARDIOGRAPHIC REPORT		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
AGE SEX RACE HEIGHT WEIGHT B. P. SIGNATURE OF WARD PHYSICIAN						<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE			
						<input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT			
RHYTHM						AXIS DEVIATION (QRS)		DATE	
INTERVALS PR QRS QT						P WAVES		RATES AURIC. VENT.	
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
PRECORDIAL LEADS (Specify)									

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Conclusion: Repeat E.C.G. is normal .

b6

CB

NO. ECG F-1777		TITLE LTJG MD USNR	DATE 11-6-50
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MOUNT TRACINGS HERE

(Continue on reverse)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME JOHN, John P.	REGISTER NO. FBI	WARD NO. Rm 101-1
USNH, Bethesda, Md. (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)		ELECTROCARDIOGRAPHIC REPORT Standard Form 520

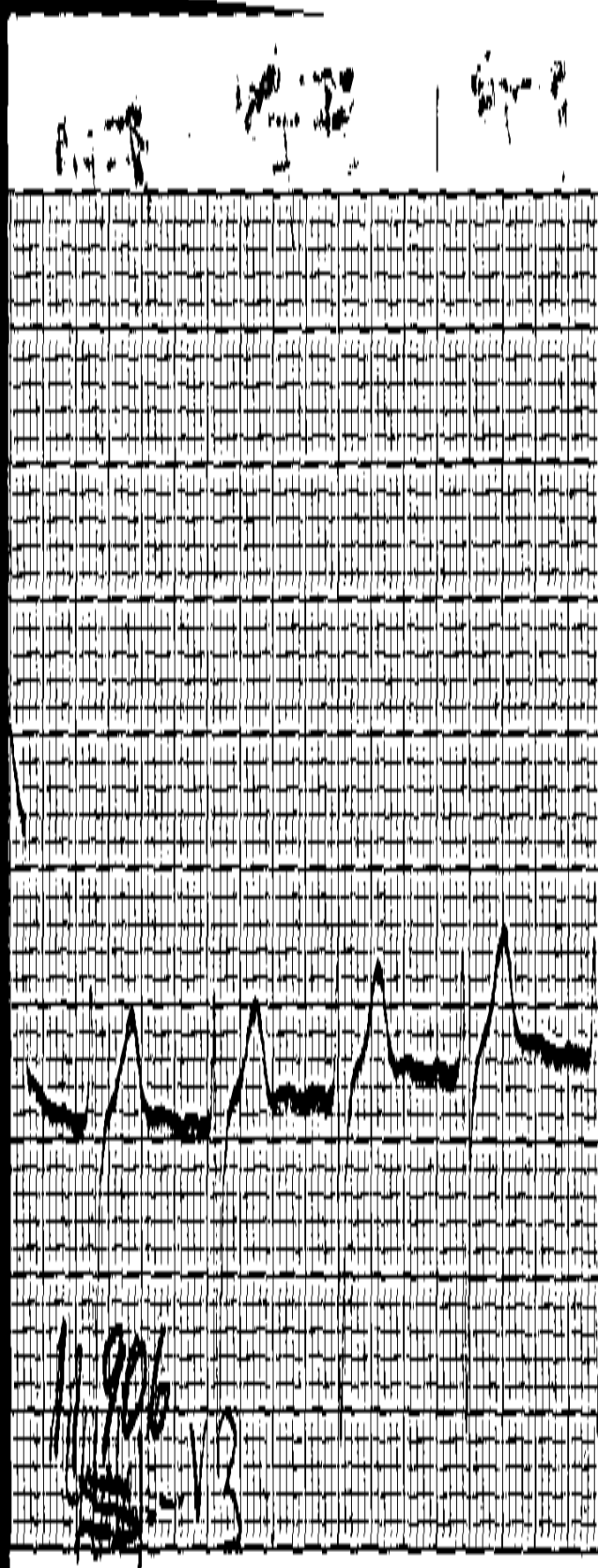


CHART NO. 120

4-27-68 12-30 8-5



SANBORN VISC



SANBORN VISO-CARDIETTE *Permapaper*

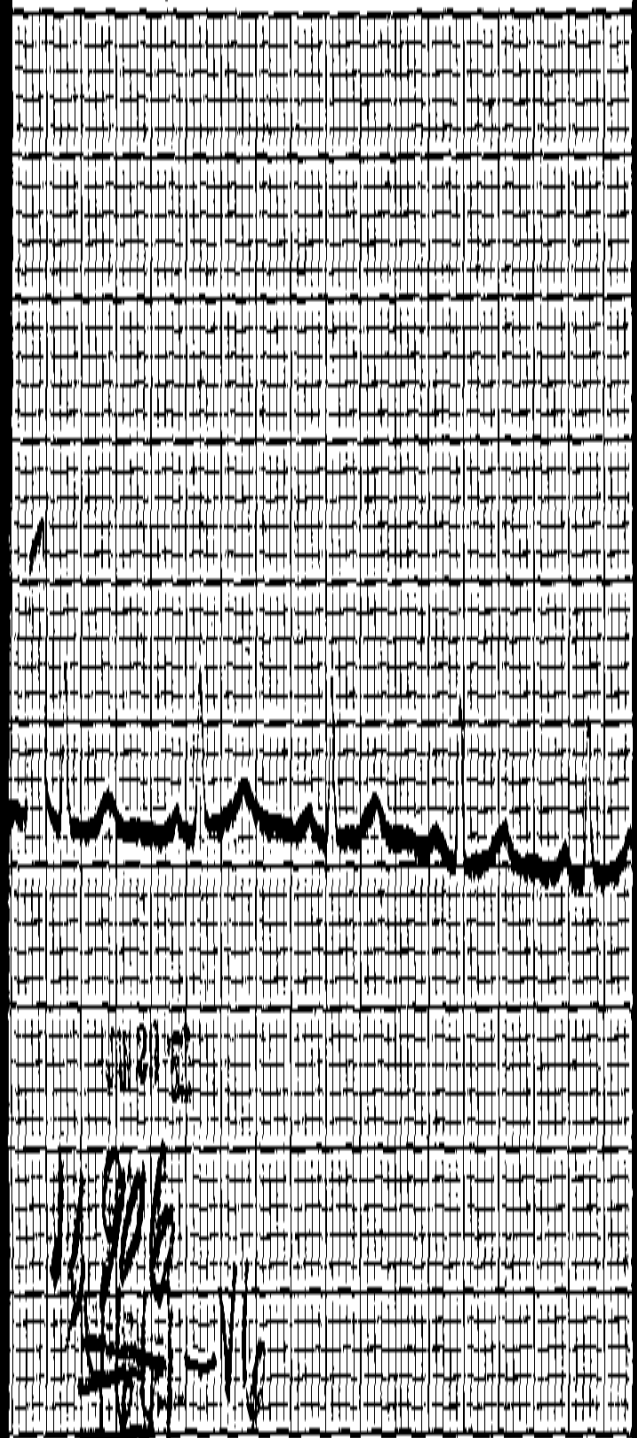
11-906-2



SANBORN VISO-CARDIETTE Perm



2.17.1 2.17.2 2.17.3



2.17.2

11.9.26
11.9.26-11





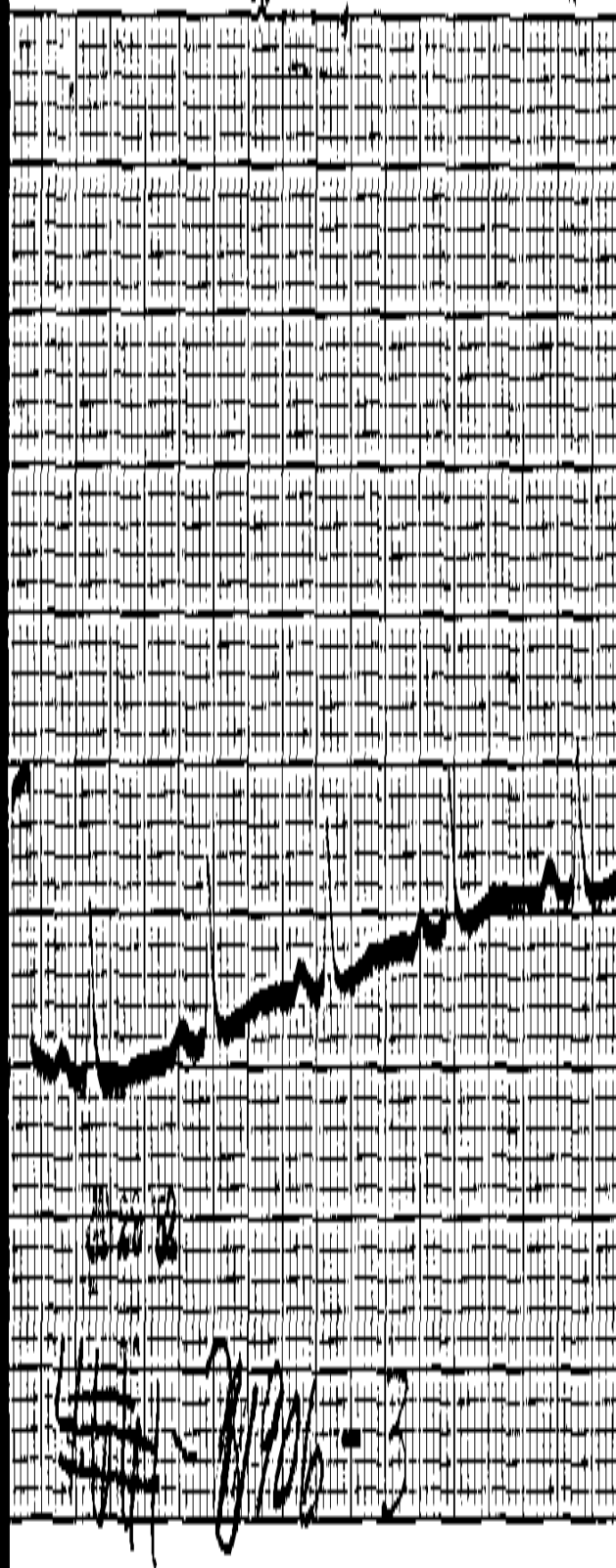


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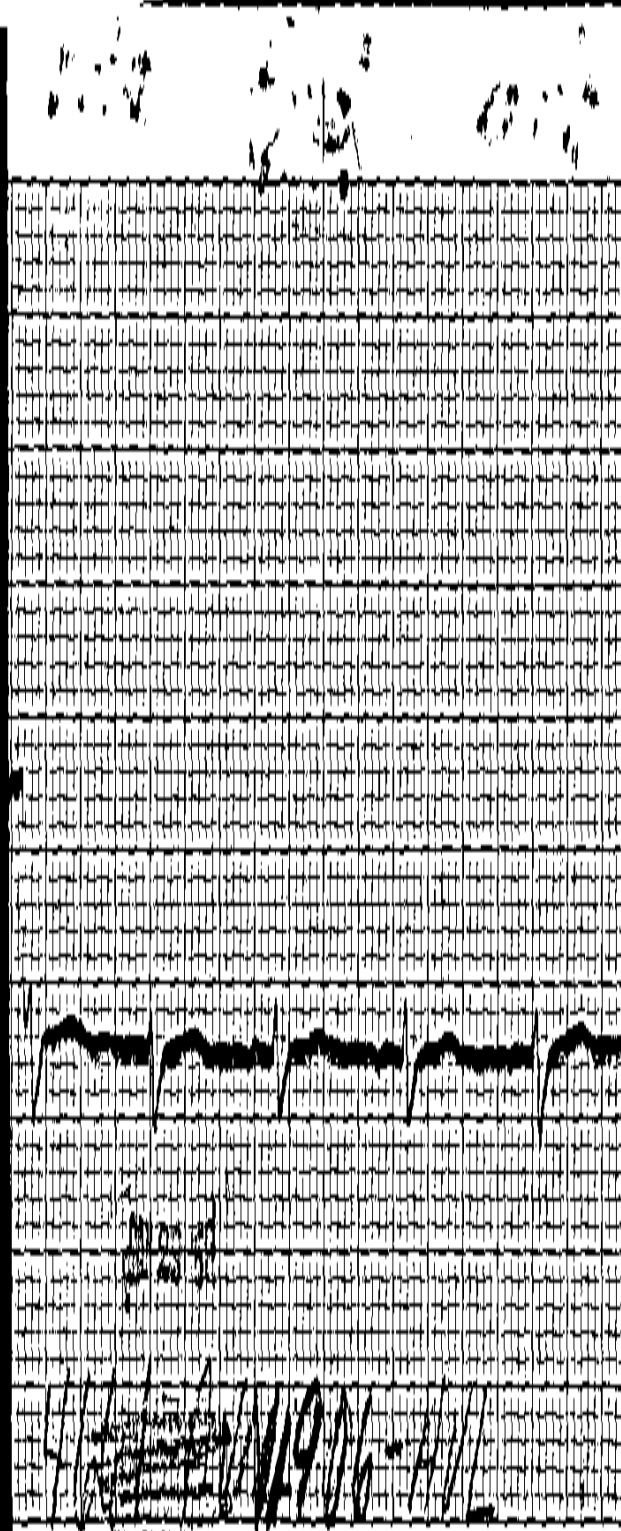
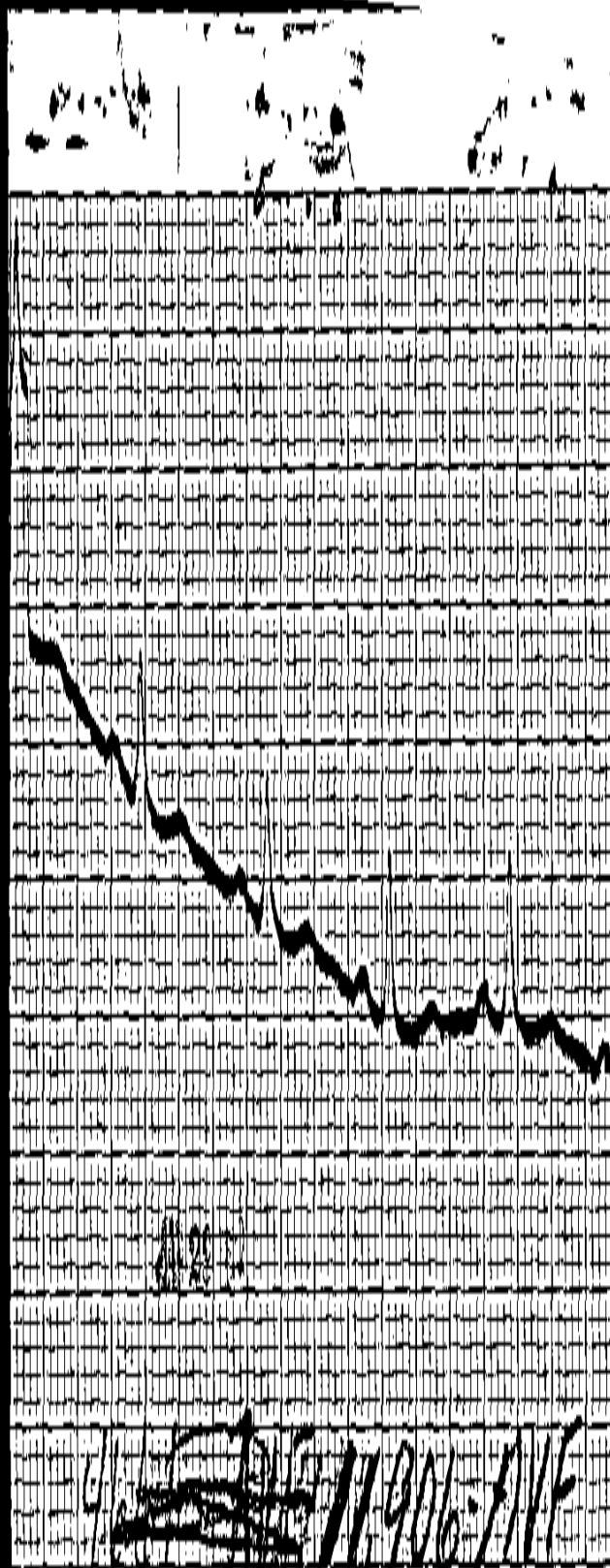


CHART NO. 120



~~4/11/51~~ 11-906-11VF

SANBORN VISO-CARDIETTE Permapaper

CLINICAL RECORD						ELECTROCARDIOGRAPHIC REPORT		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN		DATE	
RHYTHM						AXIS DEVIATION (QRS)		RATES	
NORMAL SINUS RHYTHM						NORMAL		AURIC. VENT. 90o	
INTERVALS						P WAVES			
PR .14 QRS .08 QT .36						NORMAL			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
PRECORDIAL LEADS (Specify)									

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

CONCLUSION: NORMAL ECG.

b6

NO.	SIGNATURE	TITLE	DATE
ECG 11,906		LTJG MC USN	1-29-52

MOUNT TRACINGS HERE

(Continue on reverse)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
MOHR HOHN P FBI		RM 11

USNH, Bethesda, Md.

ELECTROCARDIOGRAPHIC REPORT

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 520



79/6-1
FEB 17 1953
ORN VISO-CARDIETTE *Permapaper*

1992

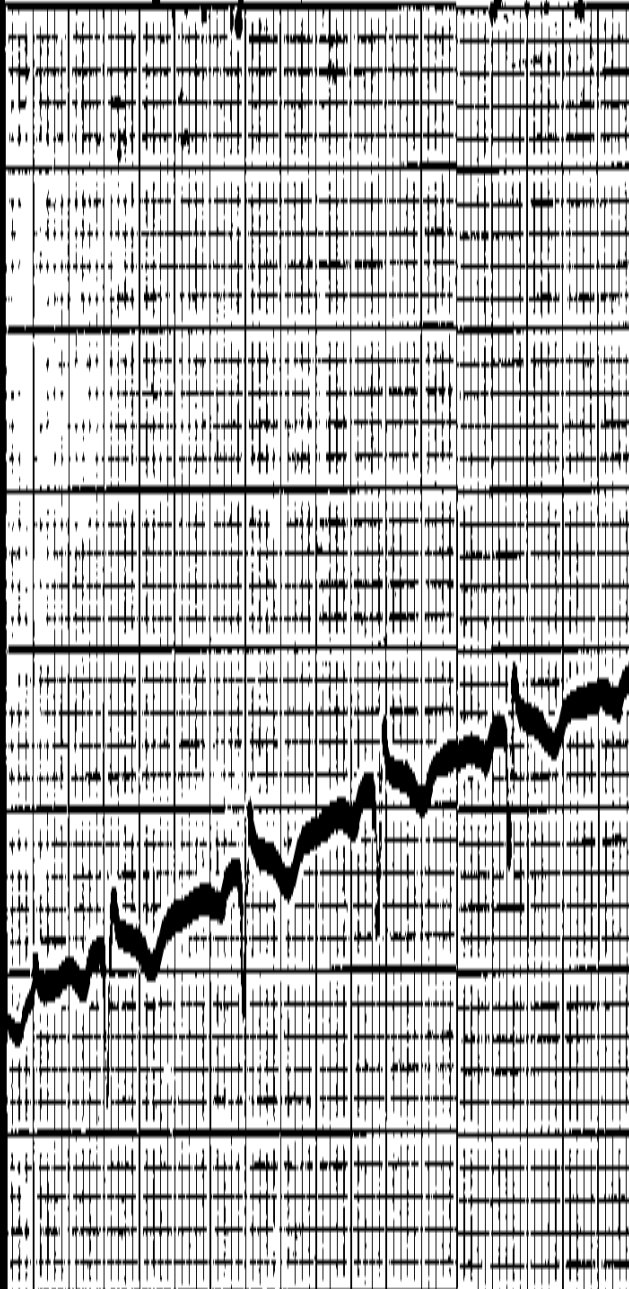
1998

A black and white photograph of a piece of graph paper. The grid consists of small squares. A thick, dark, irregular line is drawn across the bottom portion of the grid, starting from the left edge and extending towards the right. The line has a jagged, almost horizontal appearance with some small peaks and valleys. The top portion of the grid is mostly empty.

11966-3

FEB 17 1959

11/906-4700



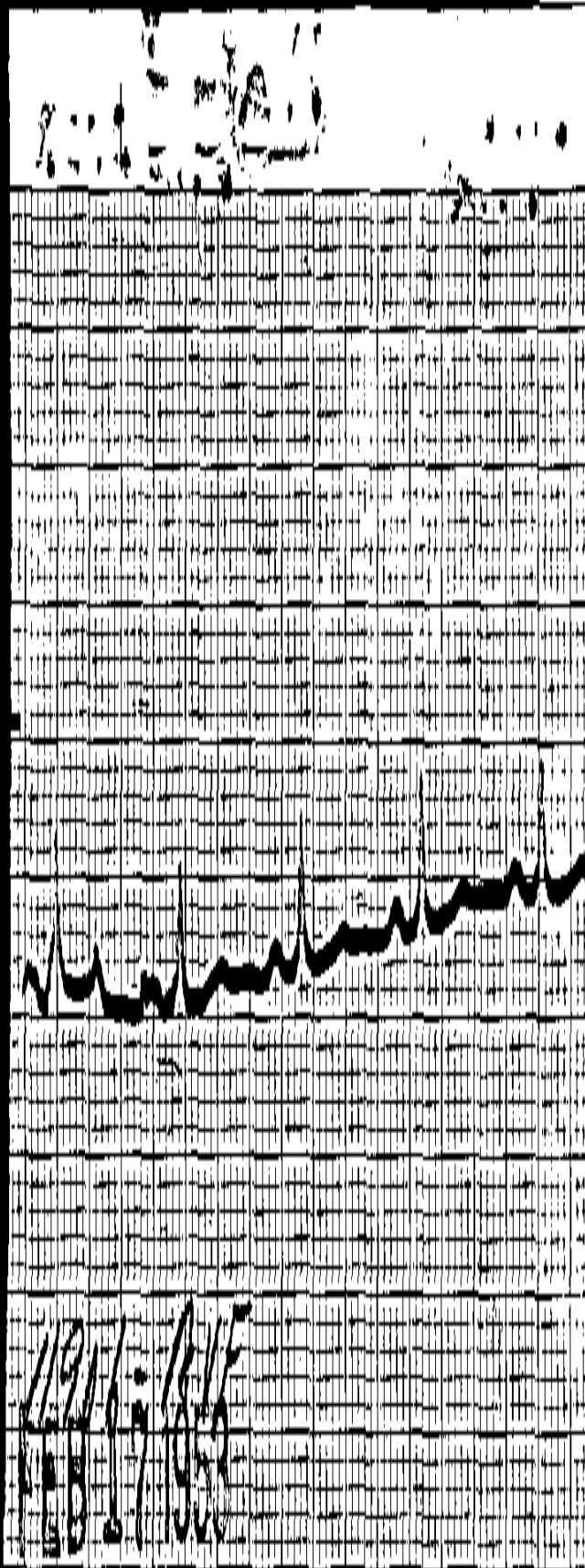
11906-AUR
FEB 17 1953

11906-KH



11906-KH

FEB 17 1953



RT NO. 120



CHART NO. 120

FEB 17 1953



1916-13

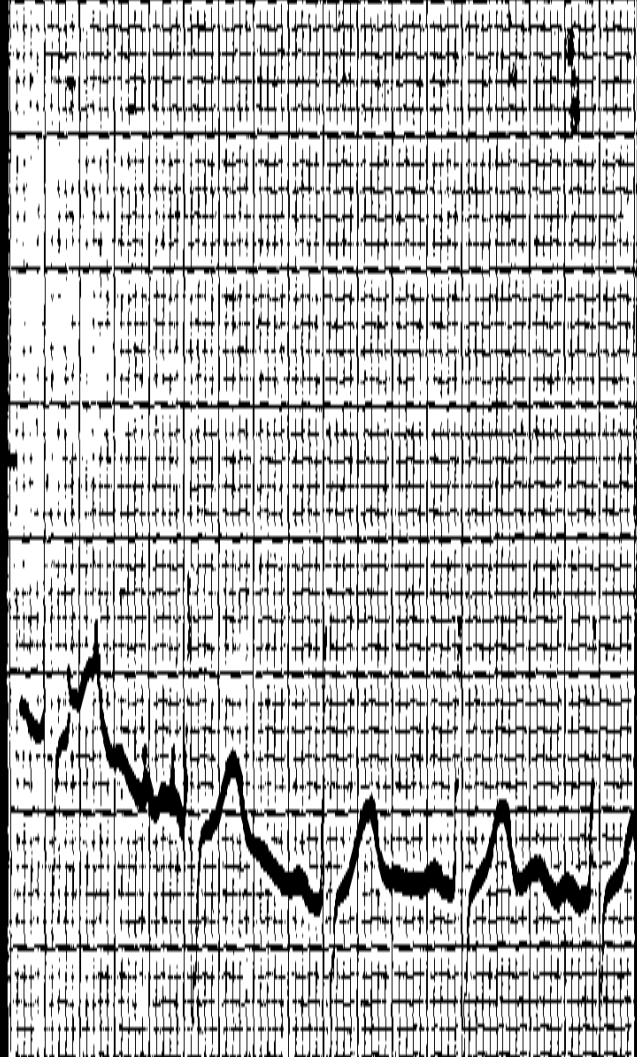


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FEB 17 1913

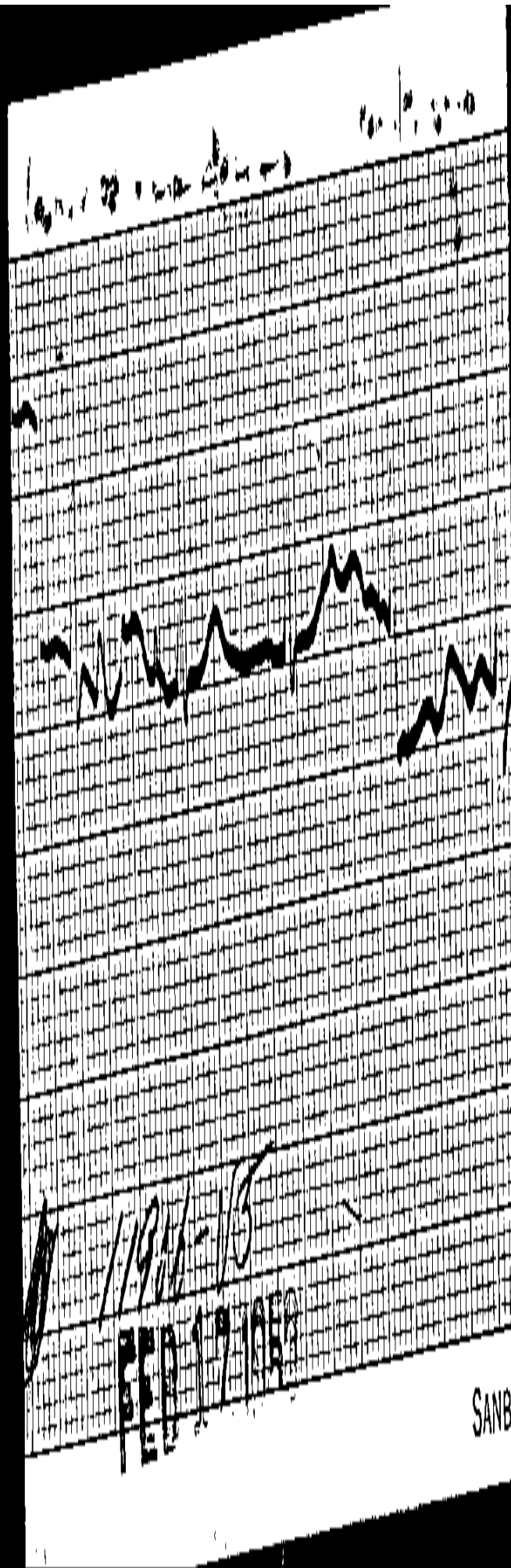
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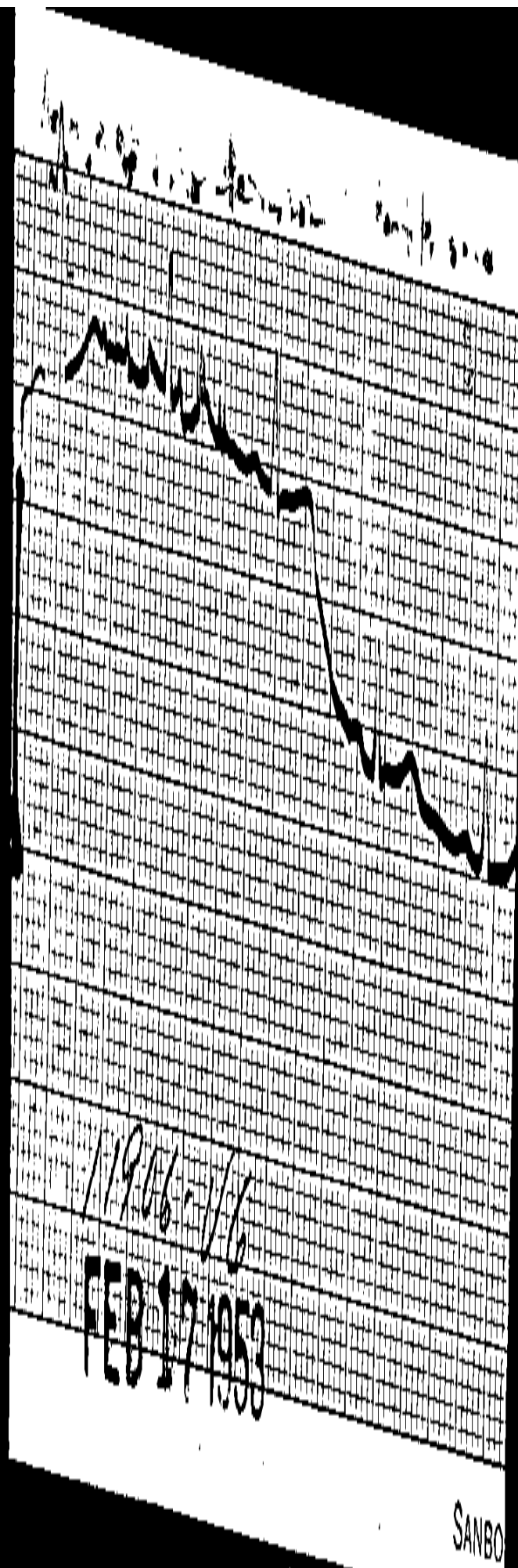
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11906-14

FEB 17 1953





CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
RHYTHM						AXIS DEVIATION (QRS)		RATES	
NORMAL SINUS RHYTHM						NORMAL		AURIC.	VENT. 78
INTERVALS						P WAVES			
PR .16 QRS .08 QT .34						NORMAL			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			

UNIPOLAR EXTREMITY LEADS (Specify)


PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

CONCLUSION : NORMAL E.C.G.

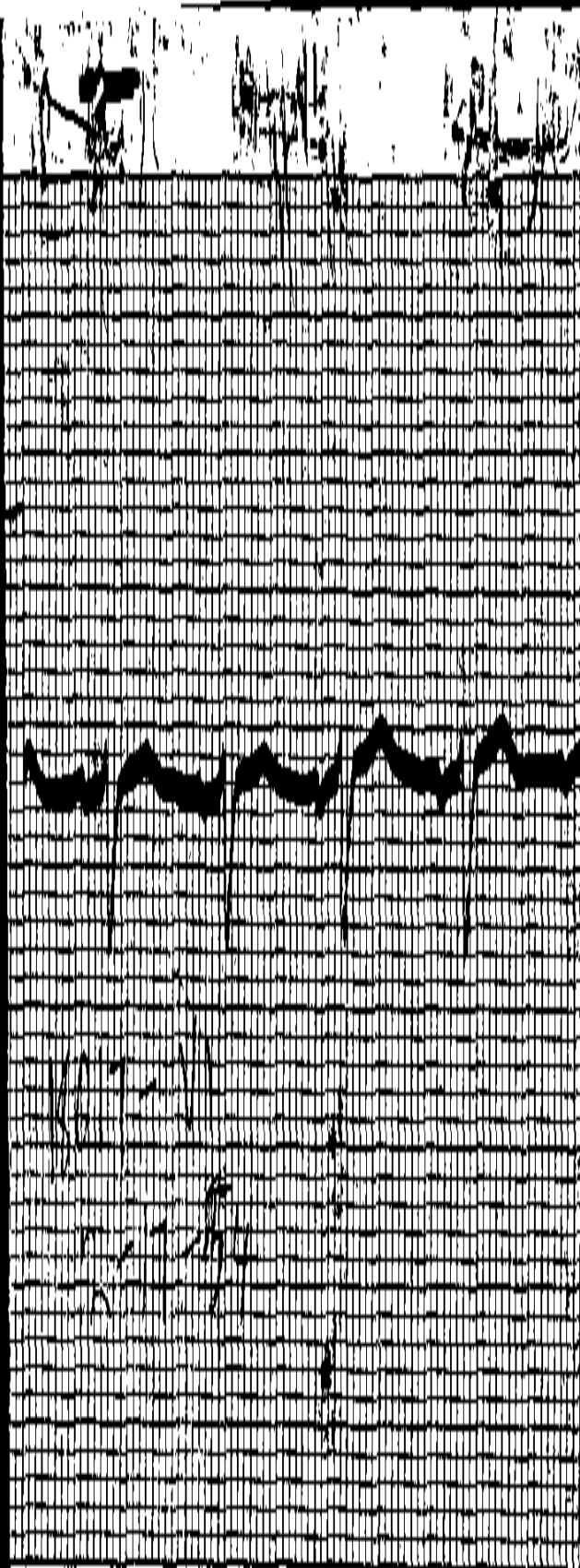
b6

(Continue on reverse)

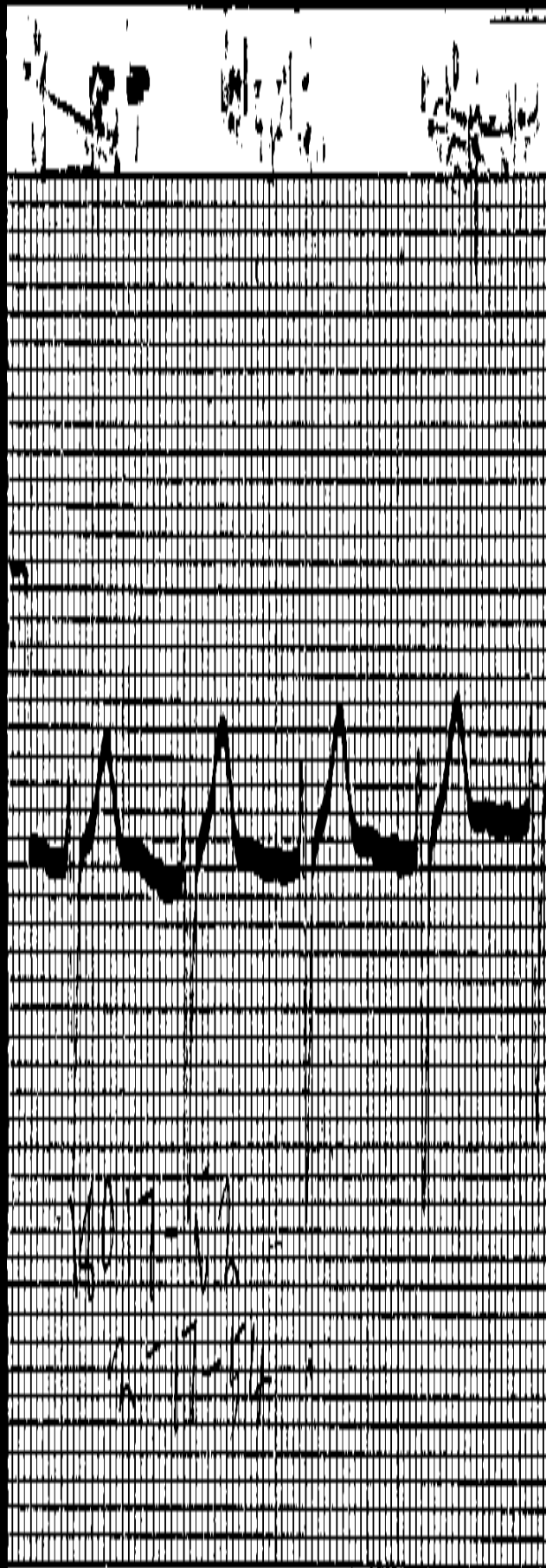
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ECG 1, 906			2-17-53
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
MOHR, JOHN P.		FBI 43	R-11

NNMC BETHESDA 14, MARYLAND
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

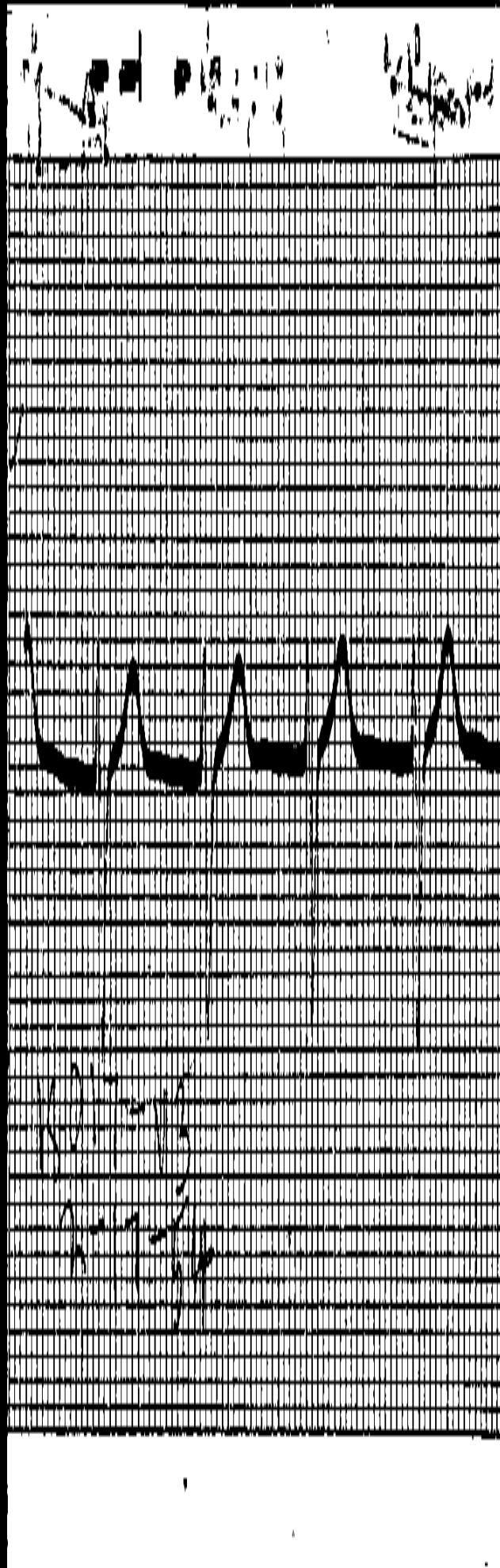
ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)



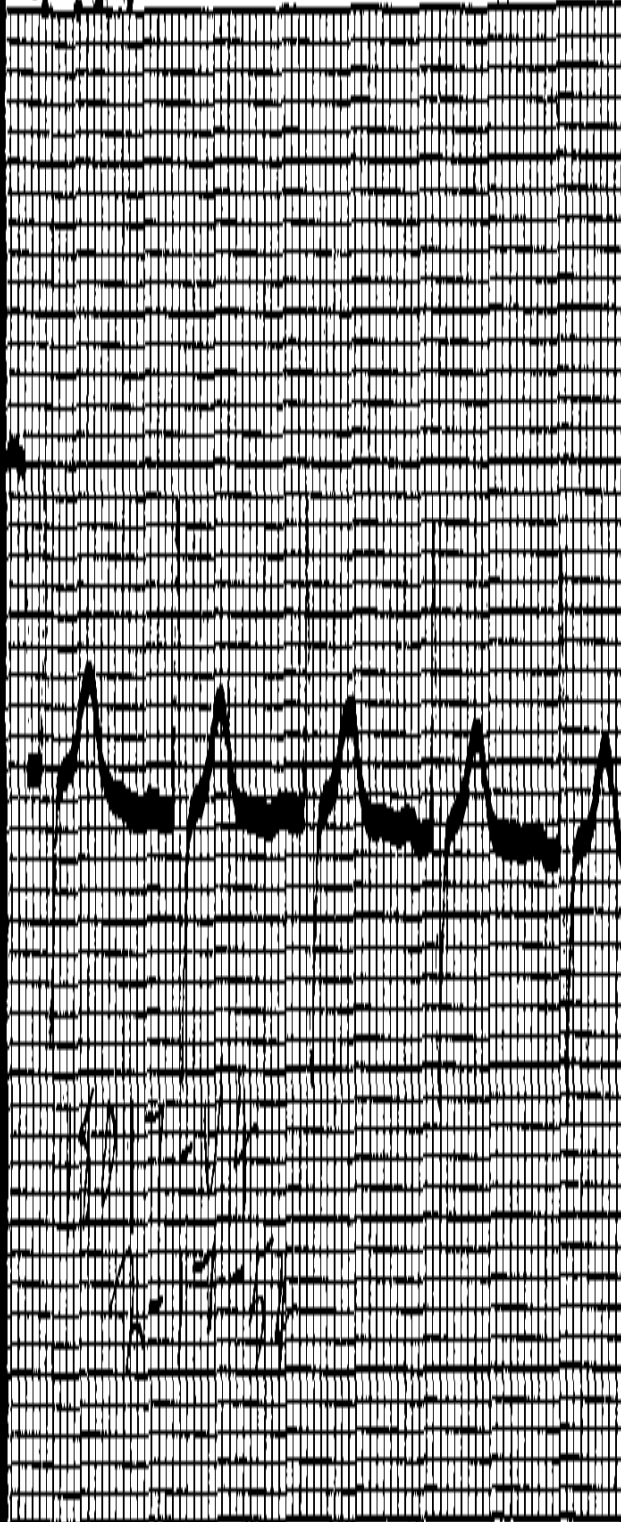
SANBORN VISO-CARDIO



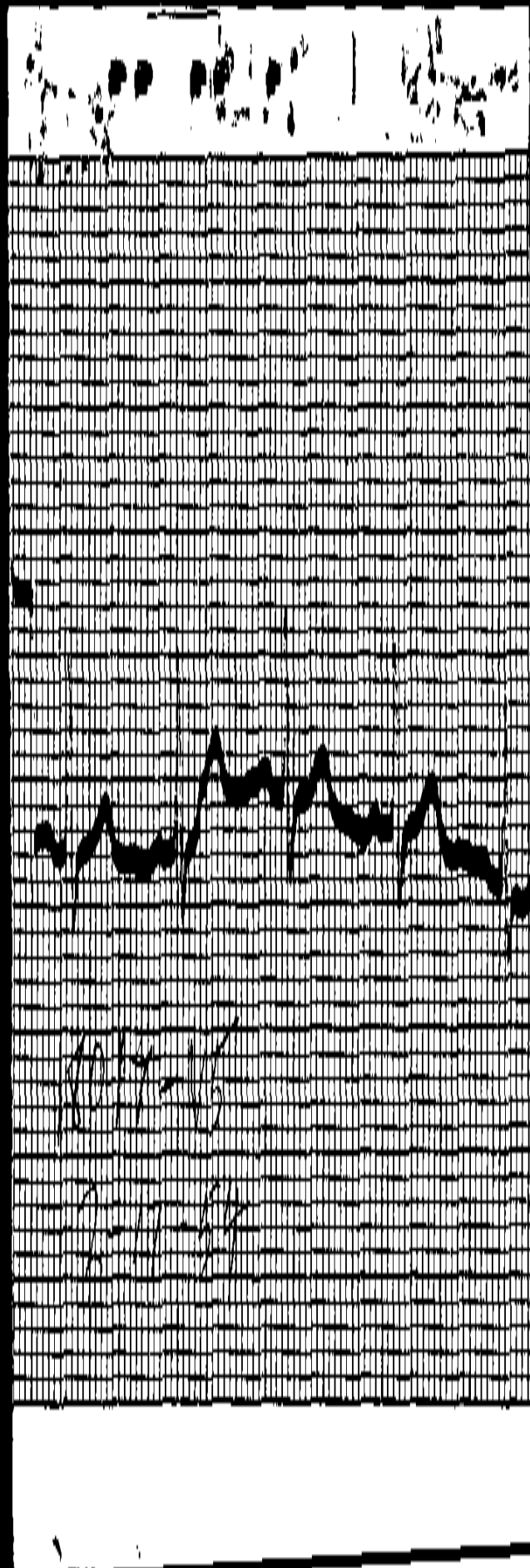
DIETTE Permapaper

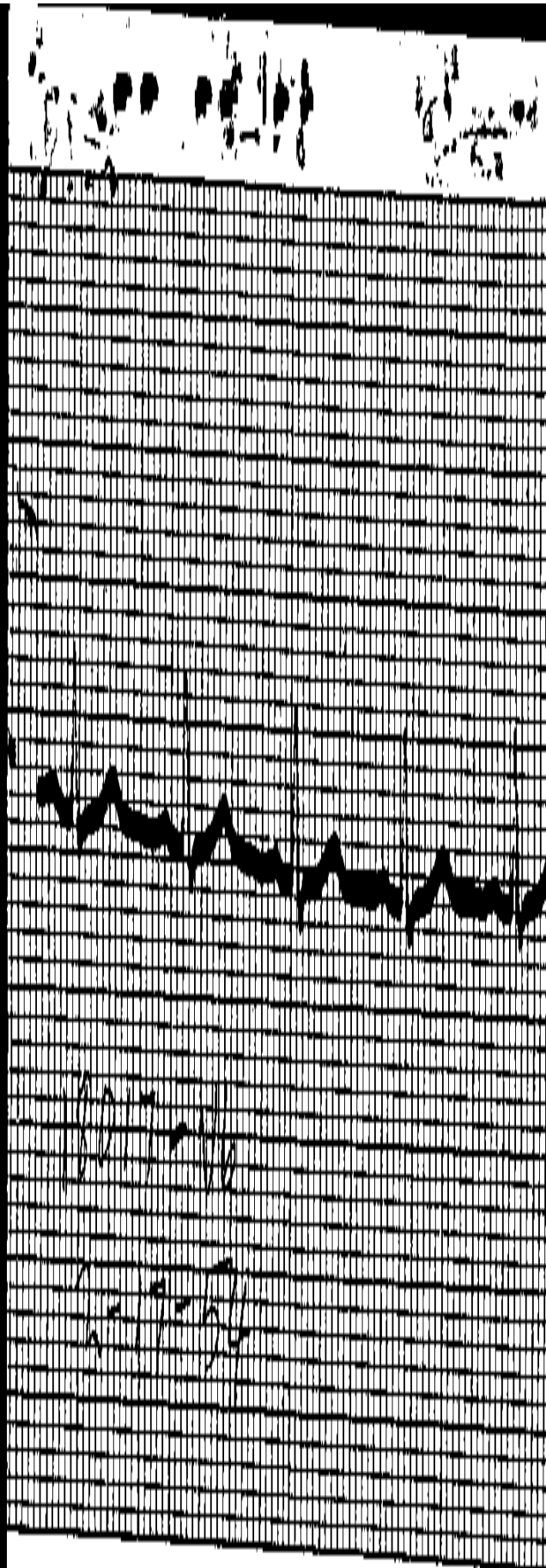


11-28-68 12:00 PM 12-28-68

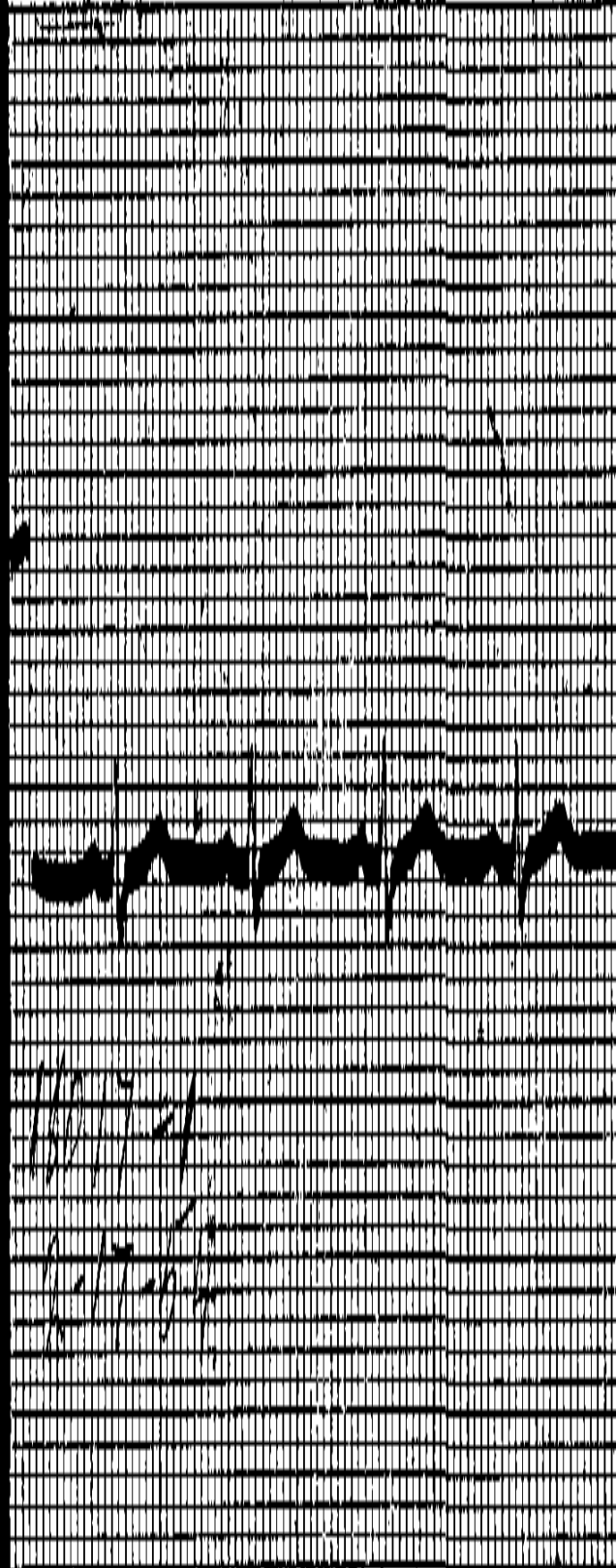
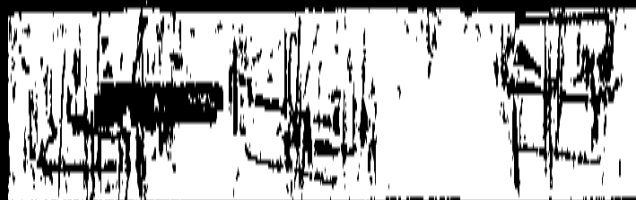


SANBORN VISO-CARDIETTE *Permapaper*

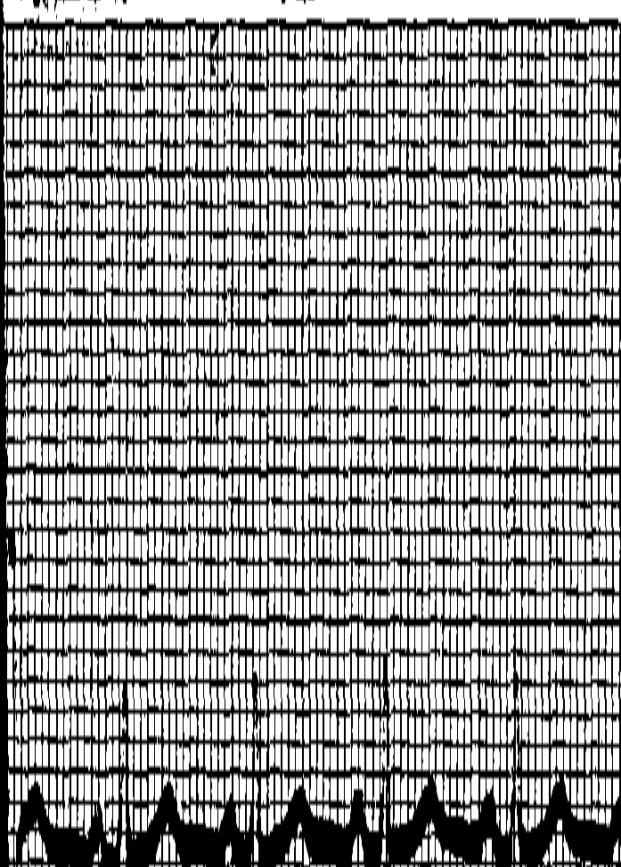




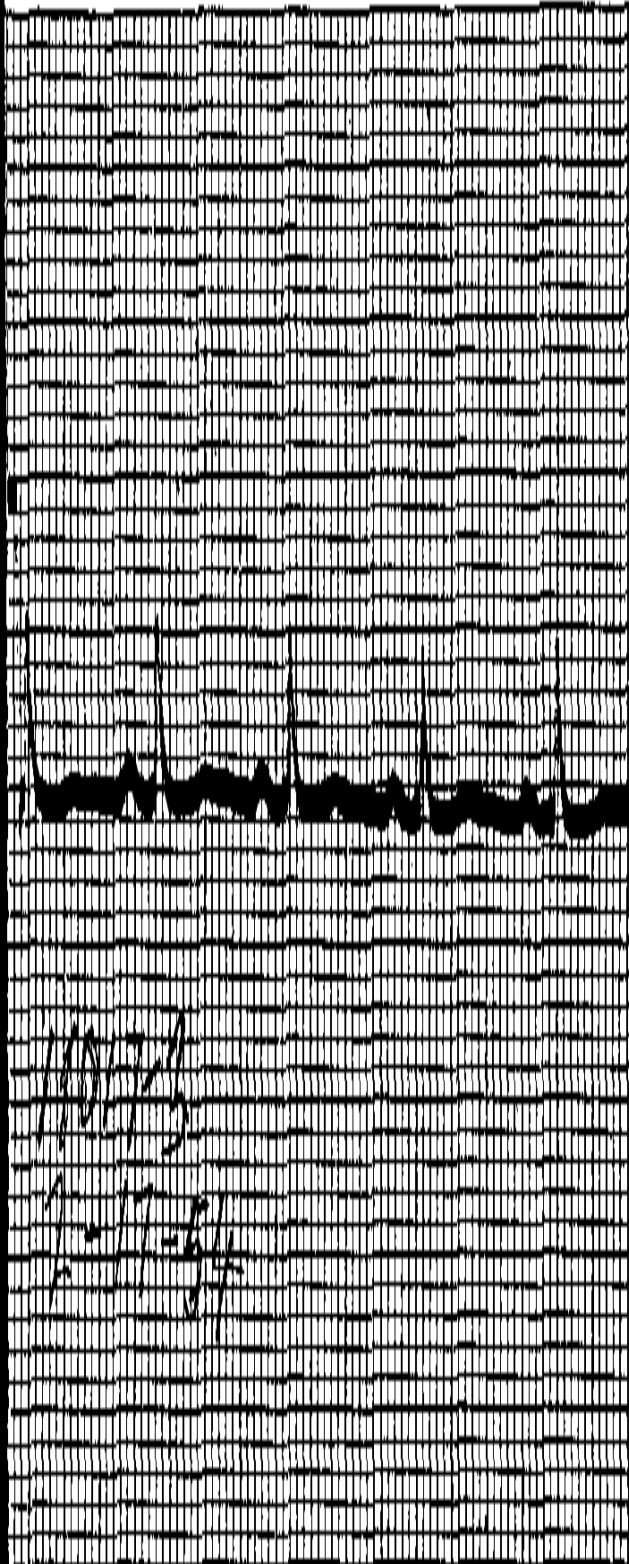
SANBORN VISO-CARDIETT



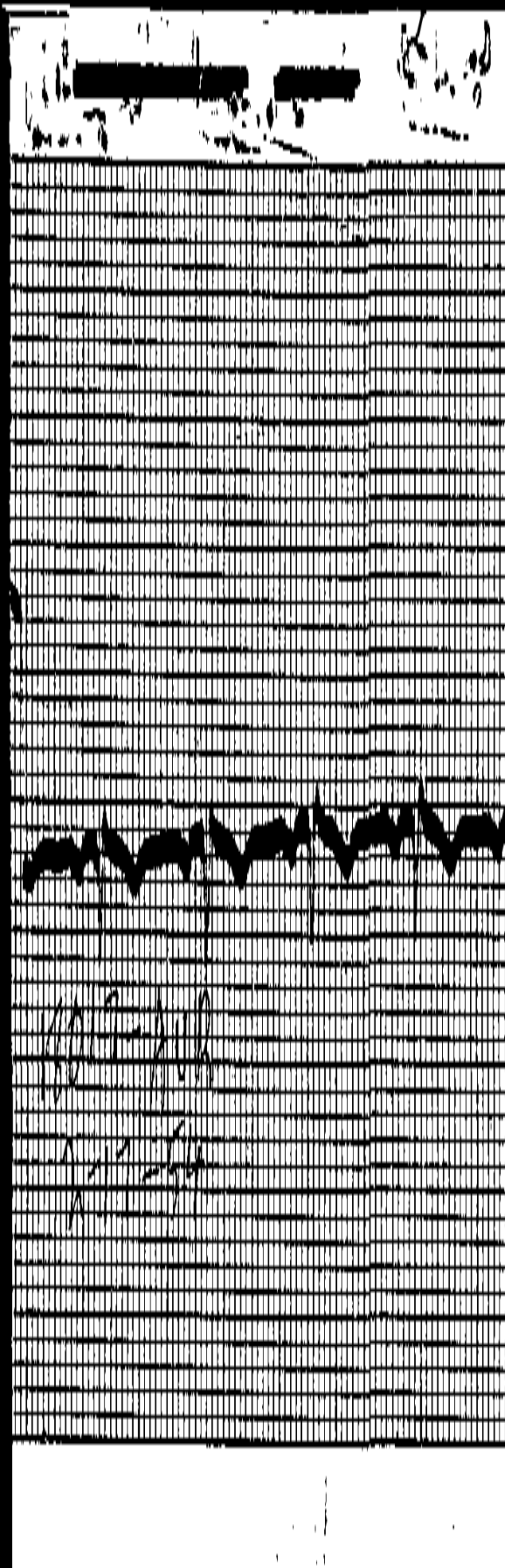
TTE Permapaper

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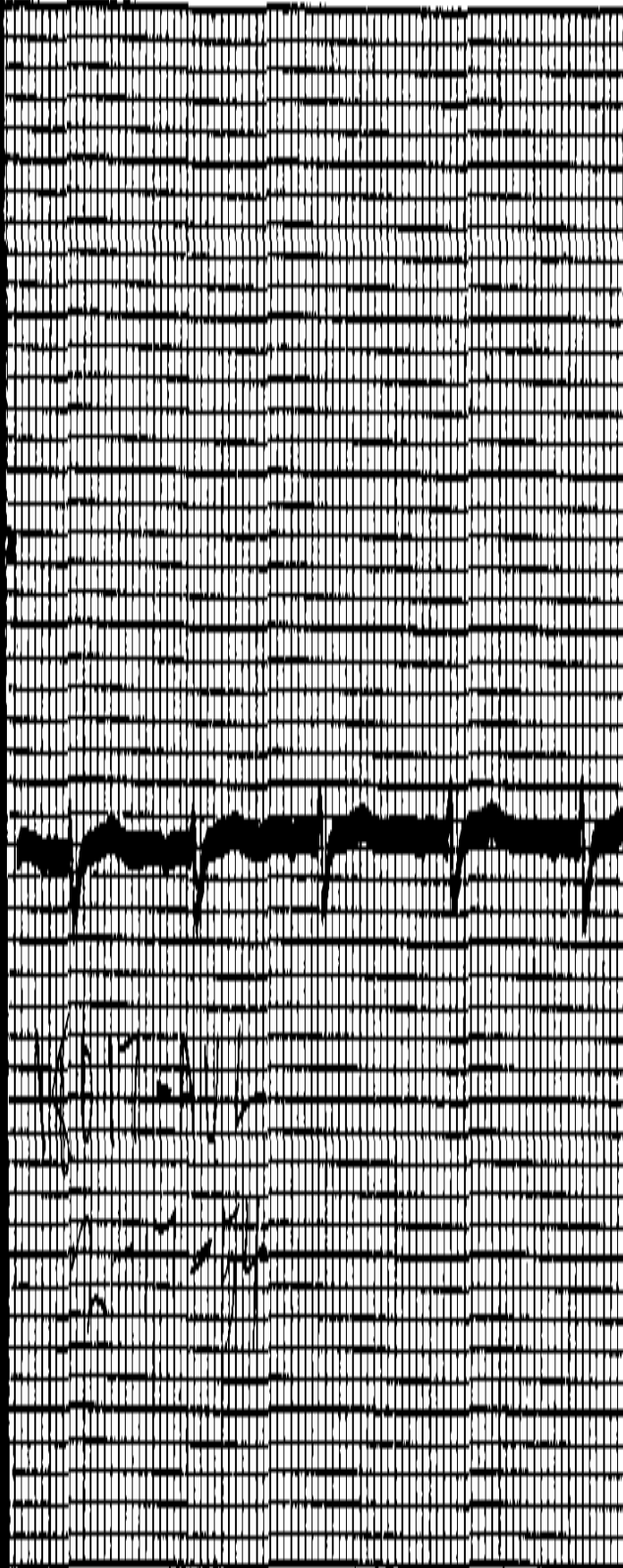
12-17-54



IN VISO-CARDIETTE Permapaper



12-1-68



SANBORN VISO-CARDIETTE *Permapaper*

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CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
RHYTHM N SINUS						AXIS DEVIATION (QRS) N		RATES AURIC. VENT. 78	
INTERVALS PR .19 QRS .05 QT .36						P WAVES N			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

NORMAL E.C.G.

(Continue on reverse)


NO. ECG 18017	TITLE CDR MC USN	DATE 2-17-54
PATIENT'S LAST NAME—FIRST NAME MOHR, JOHN P. FBI	REGISTER NO.	WARD NO. ST CLINIC

USNH, NNMCMC, BETHESDA, MD. res
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

(Attach tracings to S. F. 507)

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
45	M		5'11"	195					3-8-55
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Sinus						+ 60		AURIC. VENT. 80	
INTERVALS						P WAVES			
PR .16 QRS QT									
QRS COMPLEXES									
Slightly widened S-wave in lead 1									
RS-T SEGMENT						T WAVES			
						Upright in leads 1, 2 & 3.			
UNIPOLAR EXTREMITY LEADS (Specify)									

Semi-vertically placed heart.

PRECARDIAL LEADS (Specify)


Slightly widened S-wave in chest leads.

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Within normal limits.
No essential change since 2-17-54.

b6

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG 18017		CDR MC USN	3-10-55
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
MOHR, John Philip		F.B.I.	St. Clinic

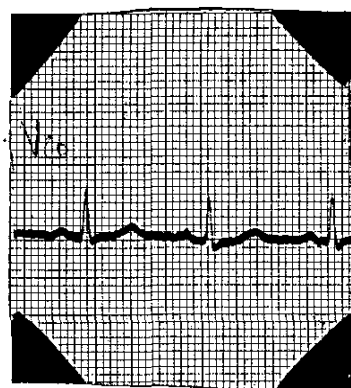
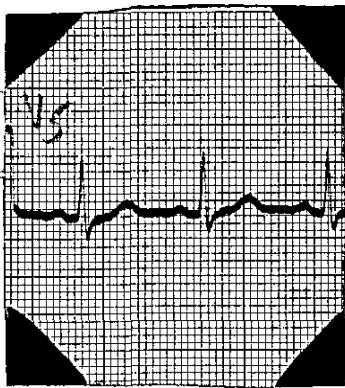
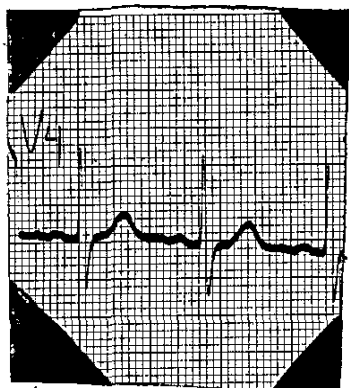
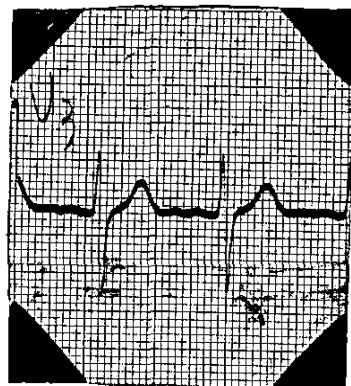
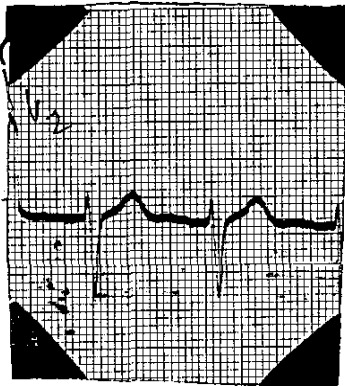
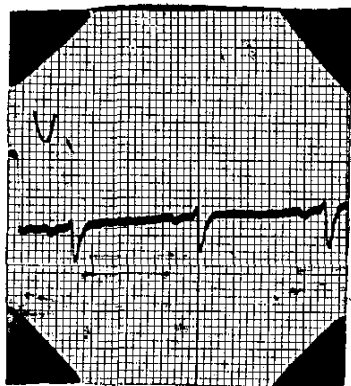
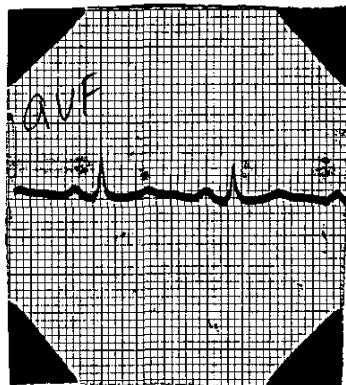
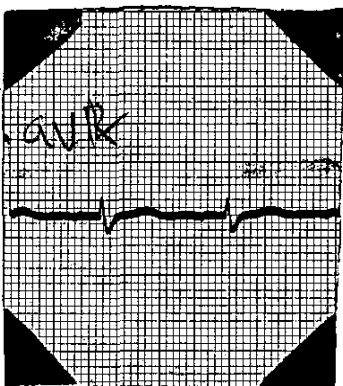
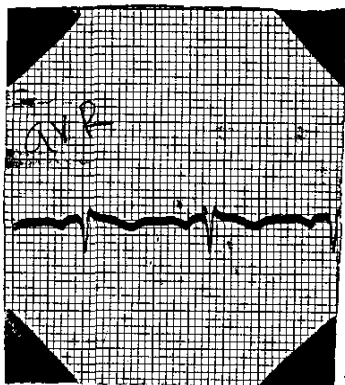
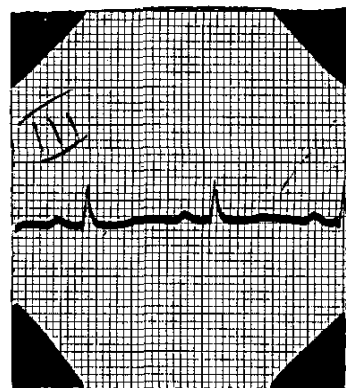
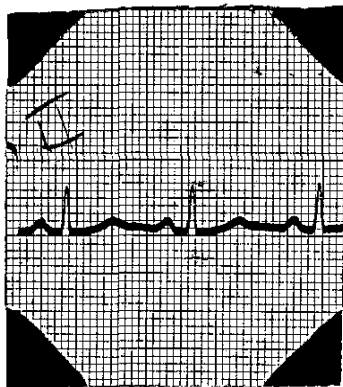
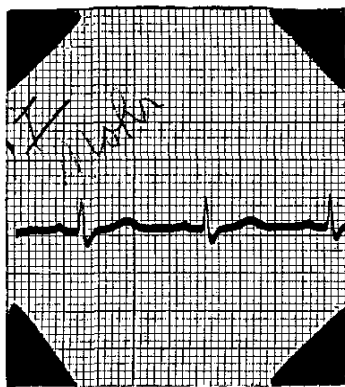
USNH, BETHESDA, MD.

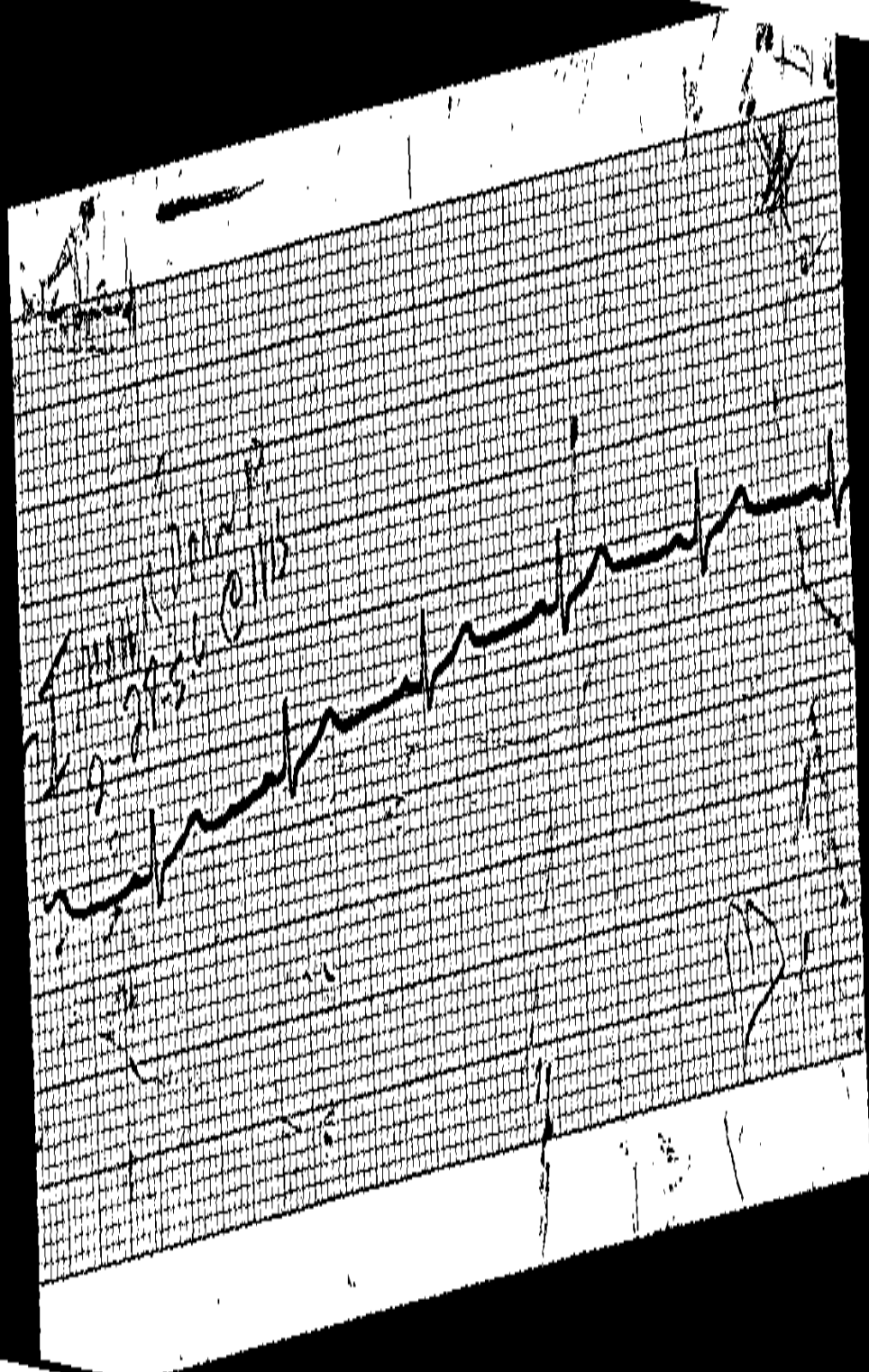
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

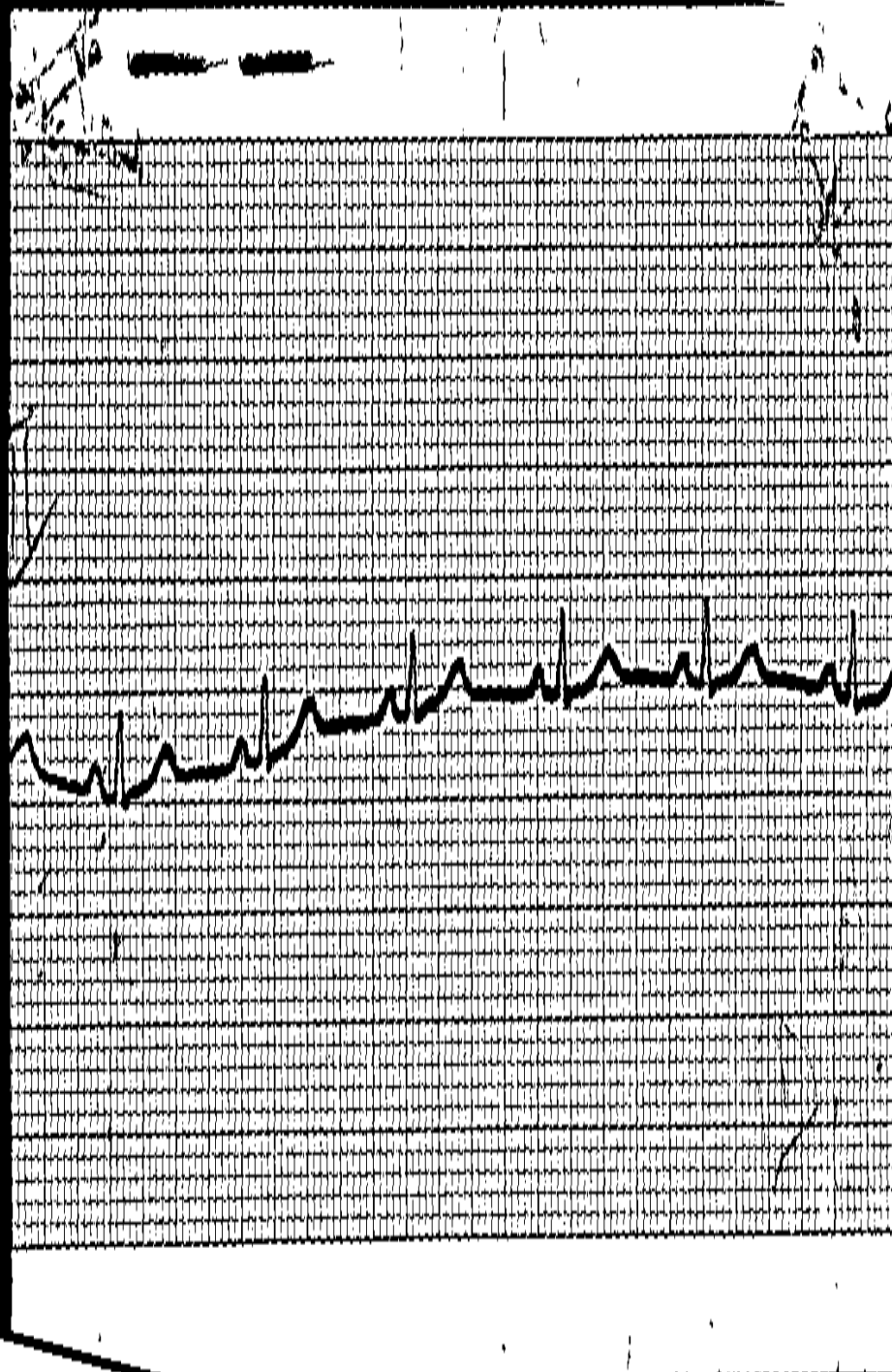
ELECTROCARDIOGRAPHIC RECORD

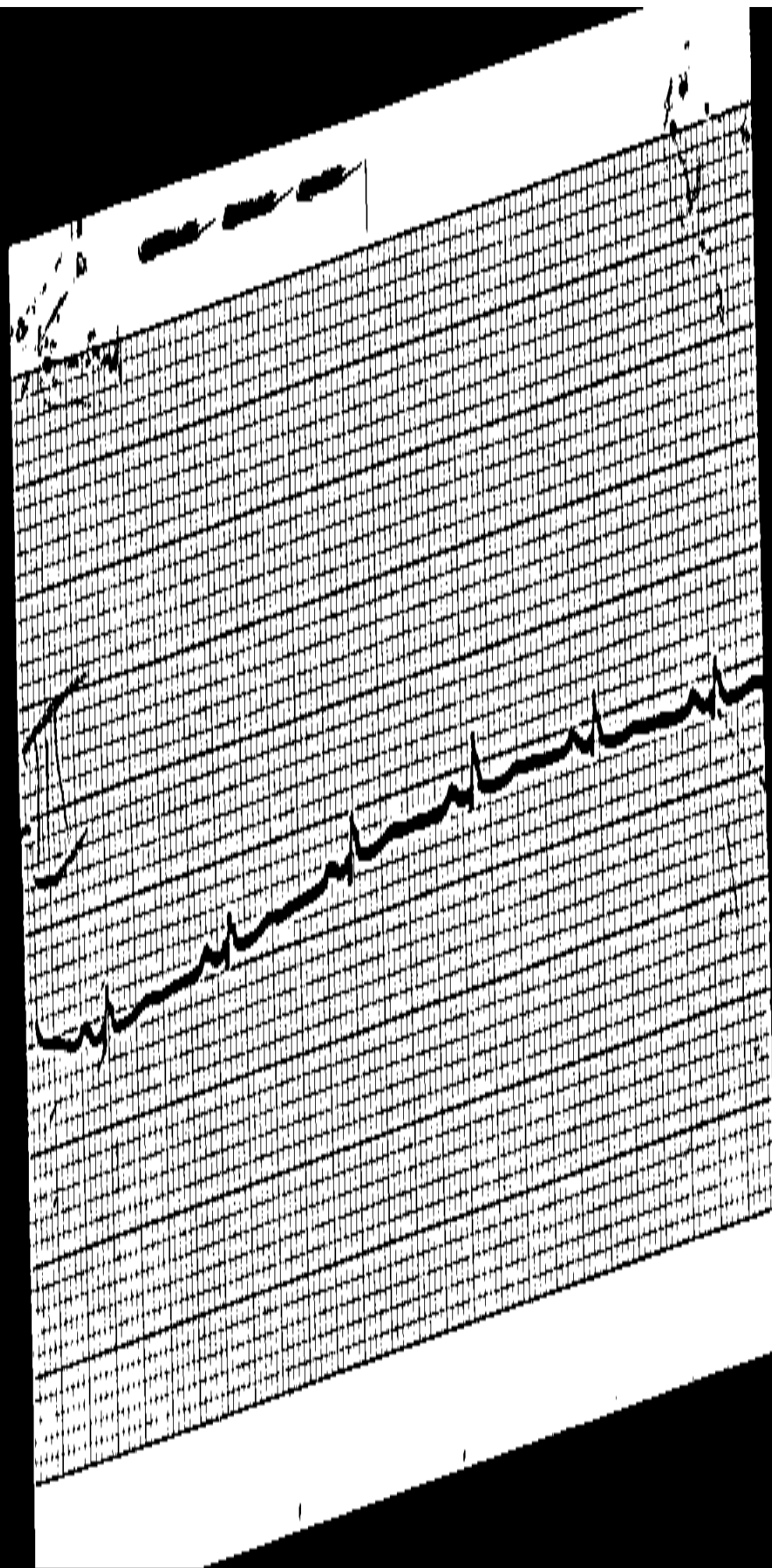
Standard Form 520

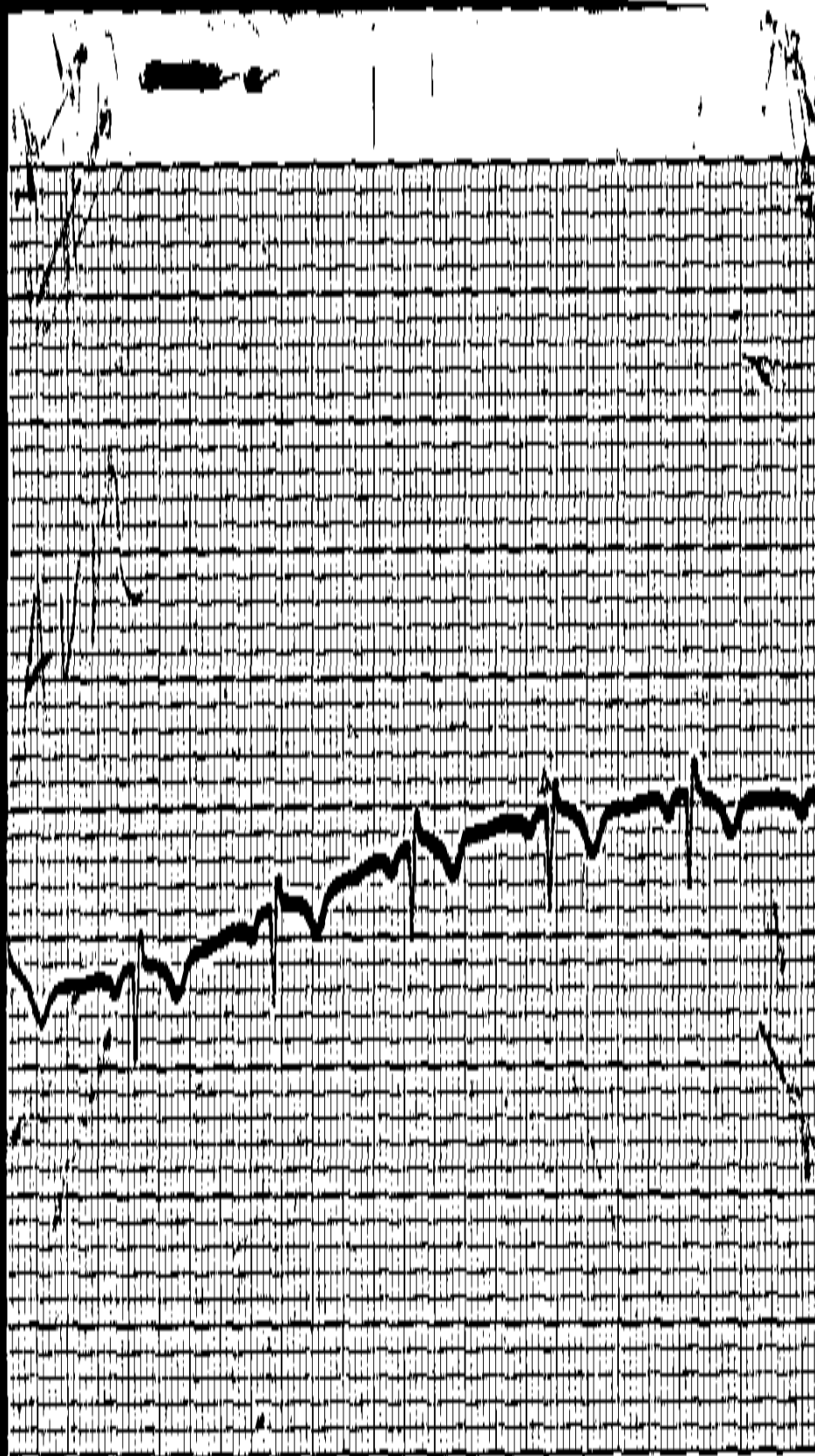
(Attach tracings to S. F. 507)



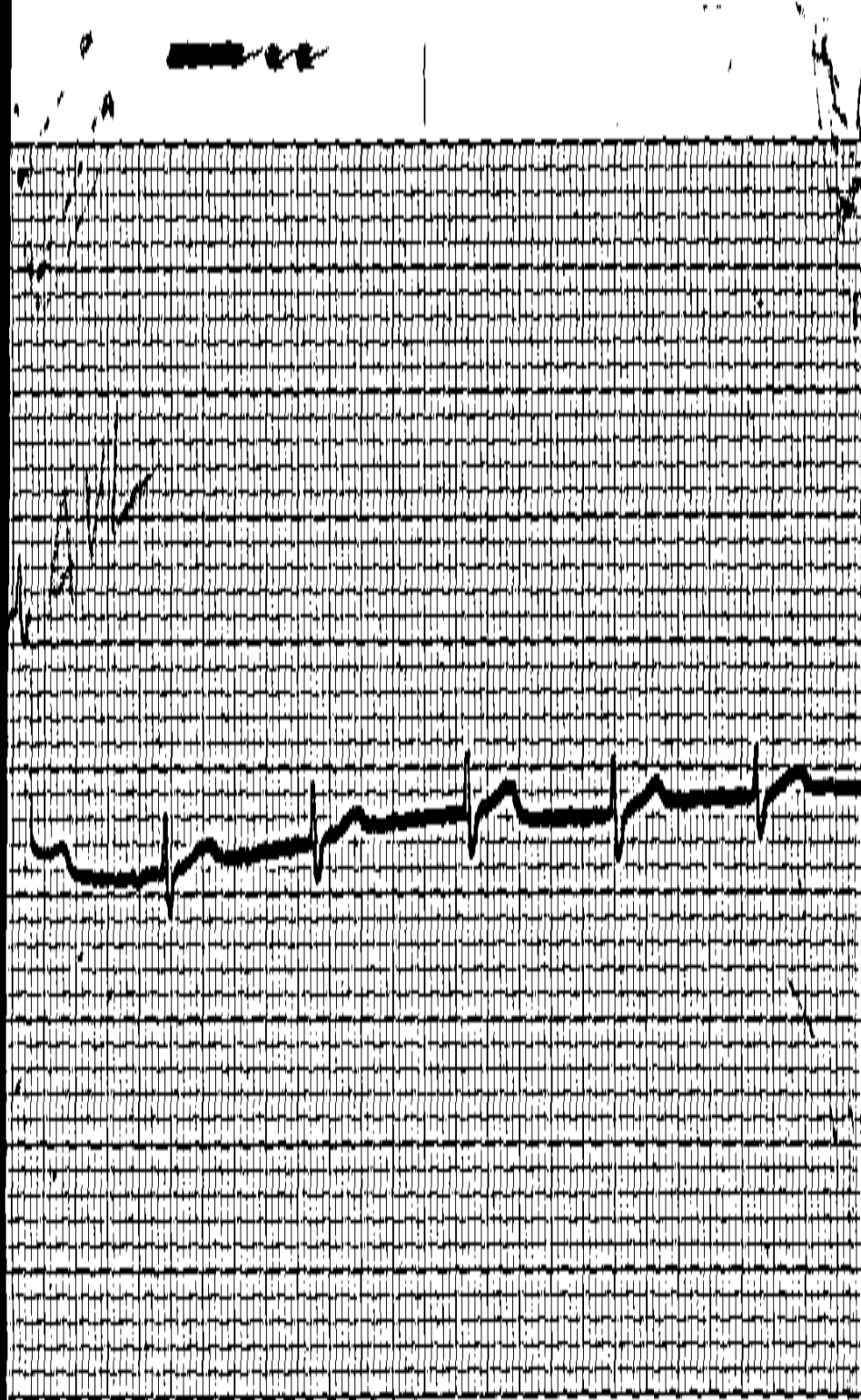




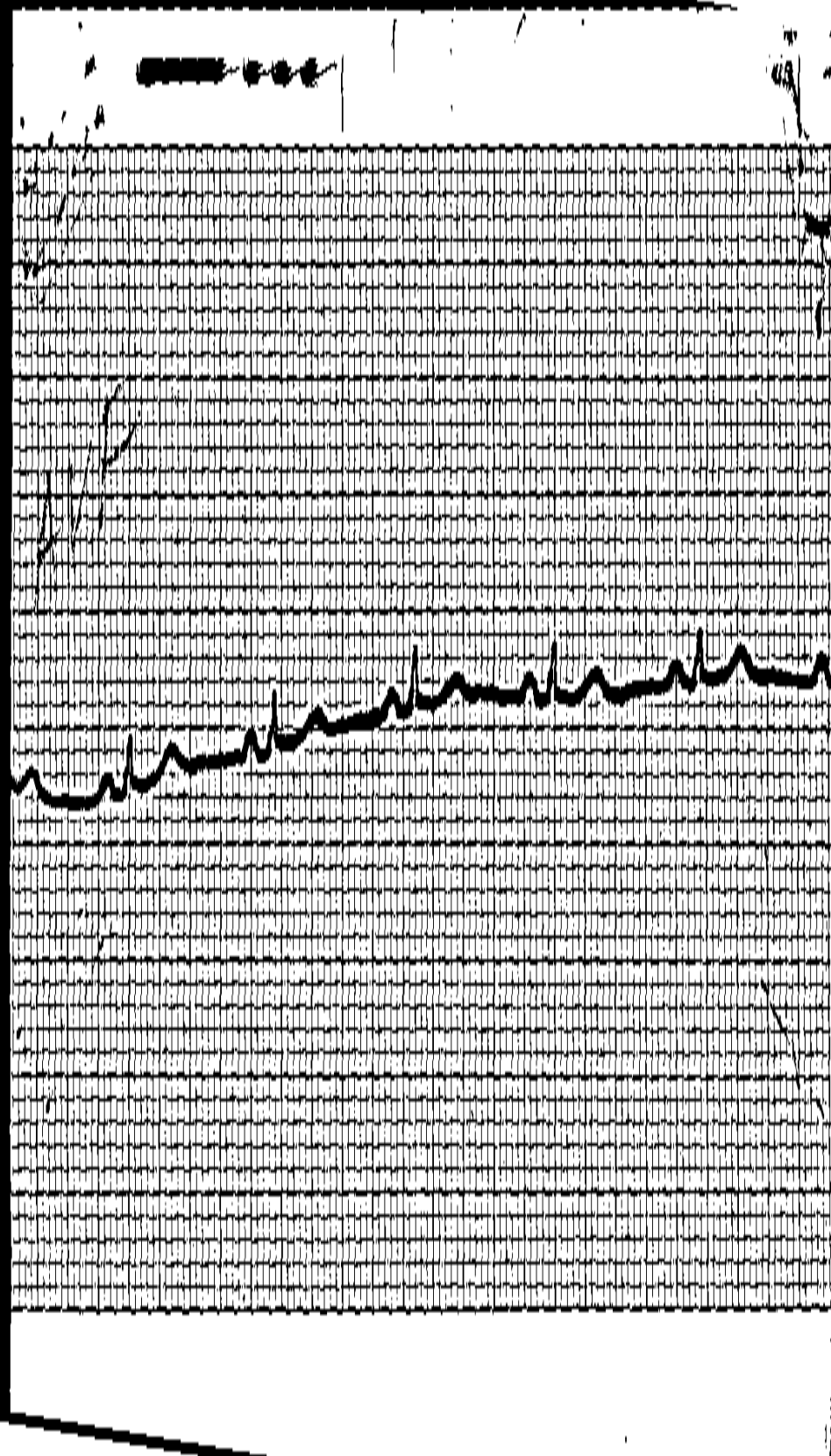


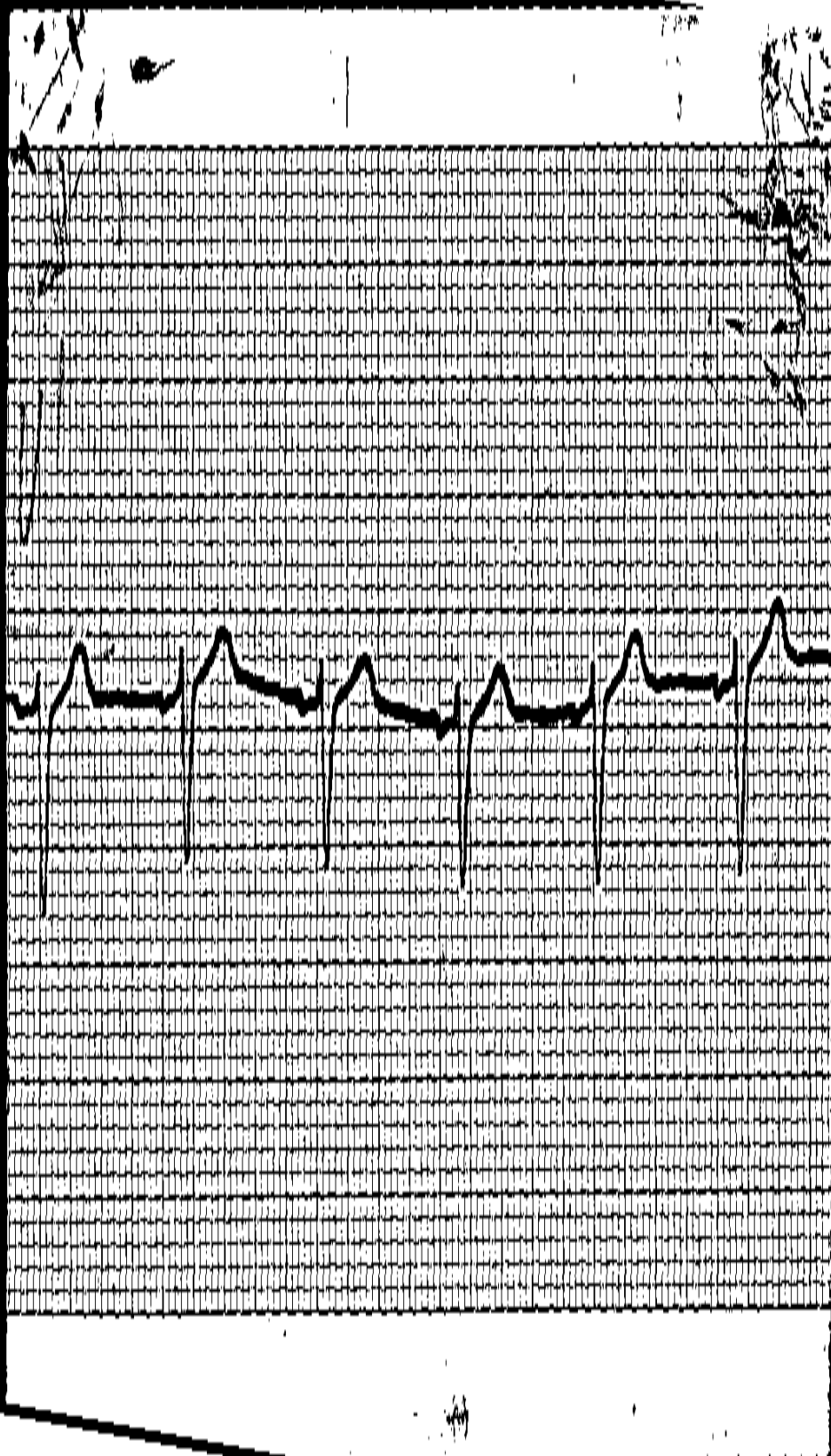


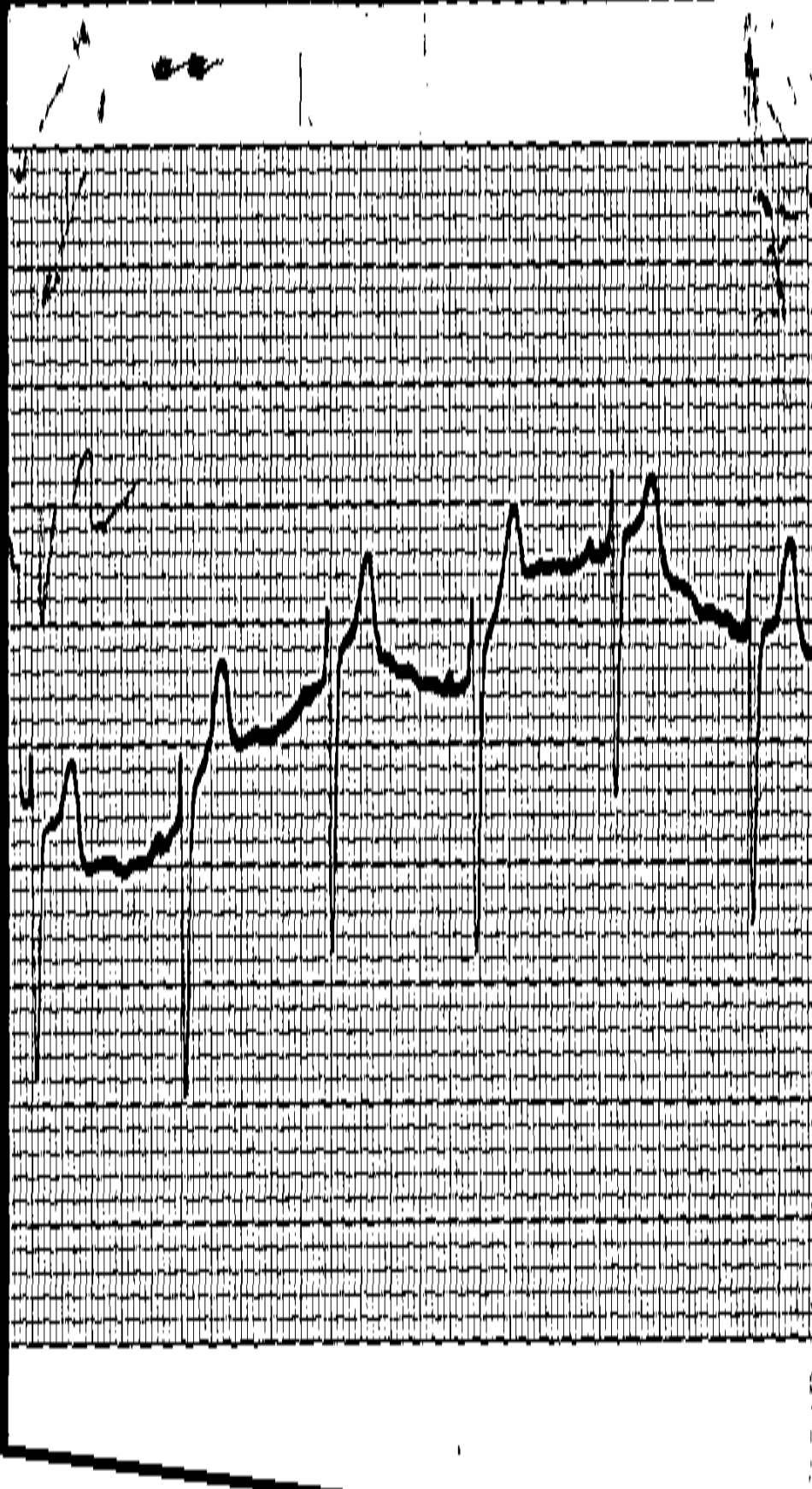
SANBORN VISO-CARDIETTE Permapaper



SANBORN VISO-CARDIETTE *Permapaper*





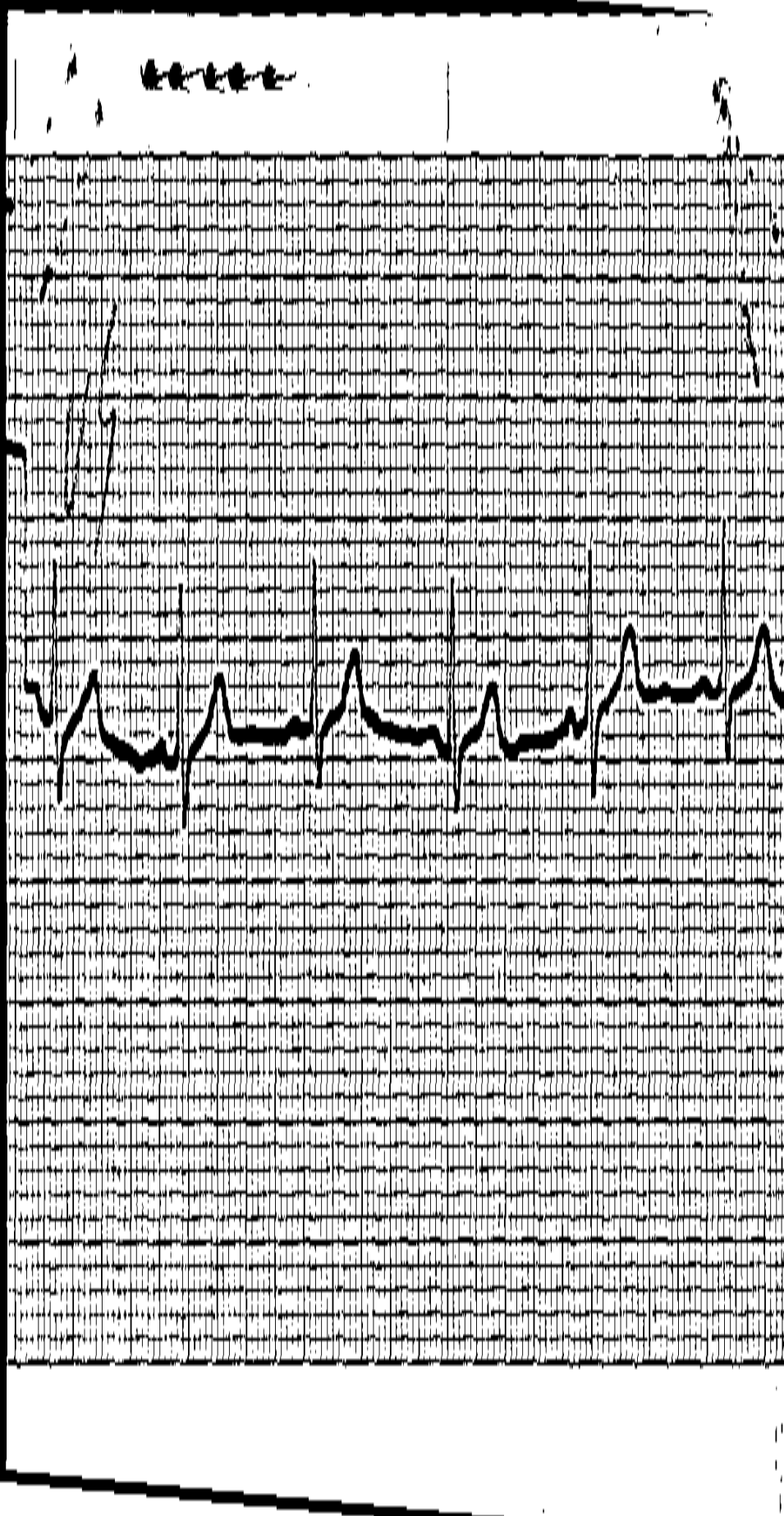





CTF Permapaper



Handwritten text at the bottom left corner, possibly a date or time stamp.





CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE 45	SEX M	RACE	HEIGHT 71"	WEIGHT 195	B. P.	SIGNATURE OF WARD PHYSICIAN 			DATE 2-28-56@1115
RHYTHM Normal sinus						AXIS DEVIATION (QRS) Intermediate		RATES AURIC. VENT. 70	
INTERVALS PR .17 QRS .06 QT .38						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Within normal limits.

b6

(Continue on reverse)

NO. ECG 18017	TITLE LT MC USNR		DATE 2-29-56
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME MOHR, John P.		REGISTER NO. FBI	WARD NO. St. Clinic

USNH, BETHESDA, MARYLAND
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

U. S. GOVERNMENT PRINTING OFFICE

16-56209-3 †

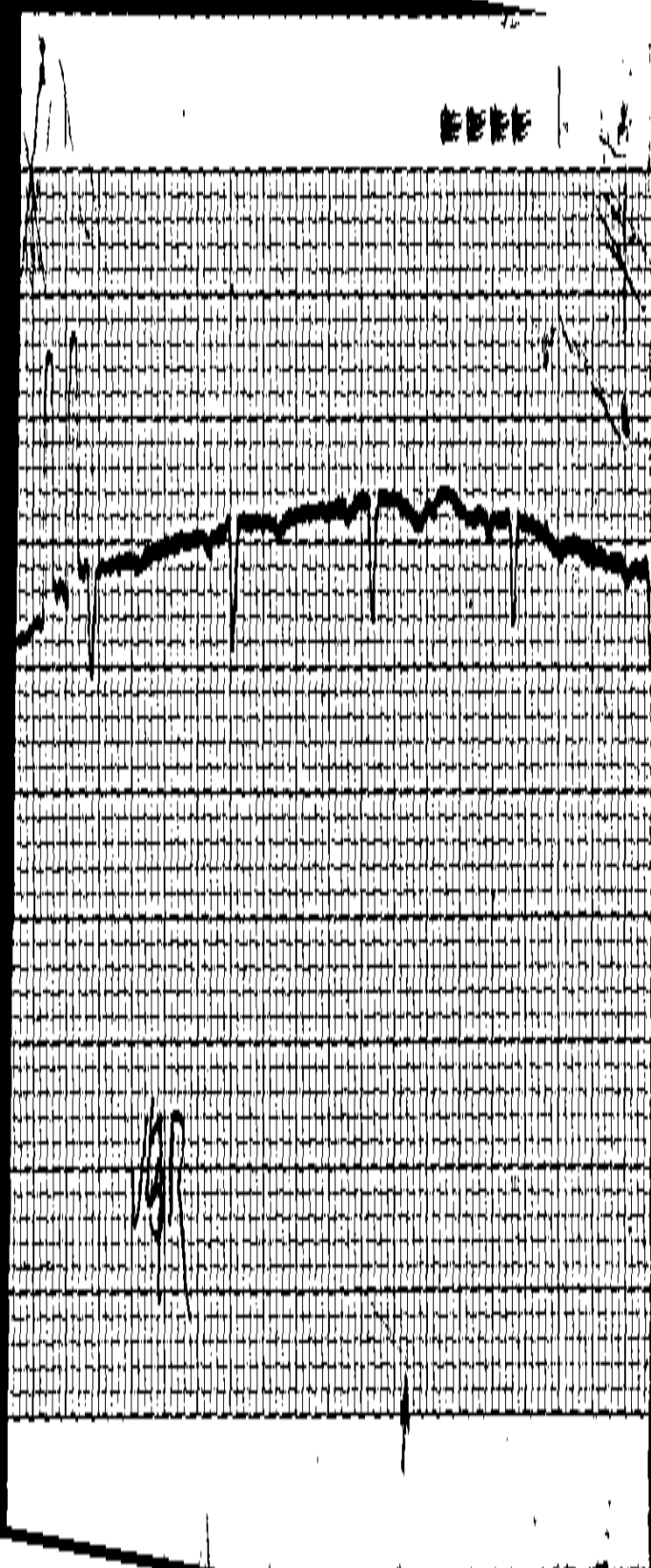
ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)

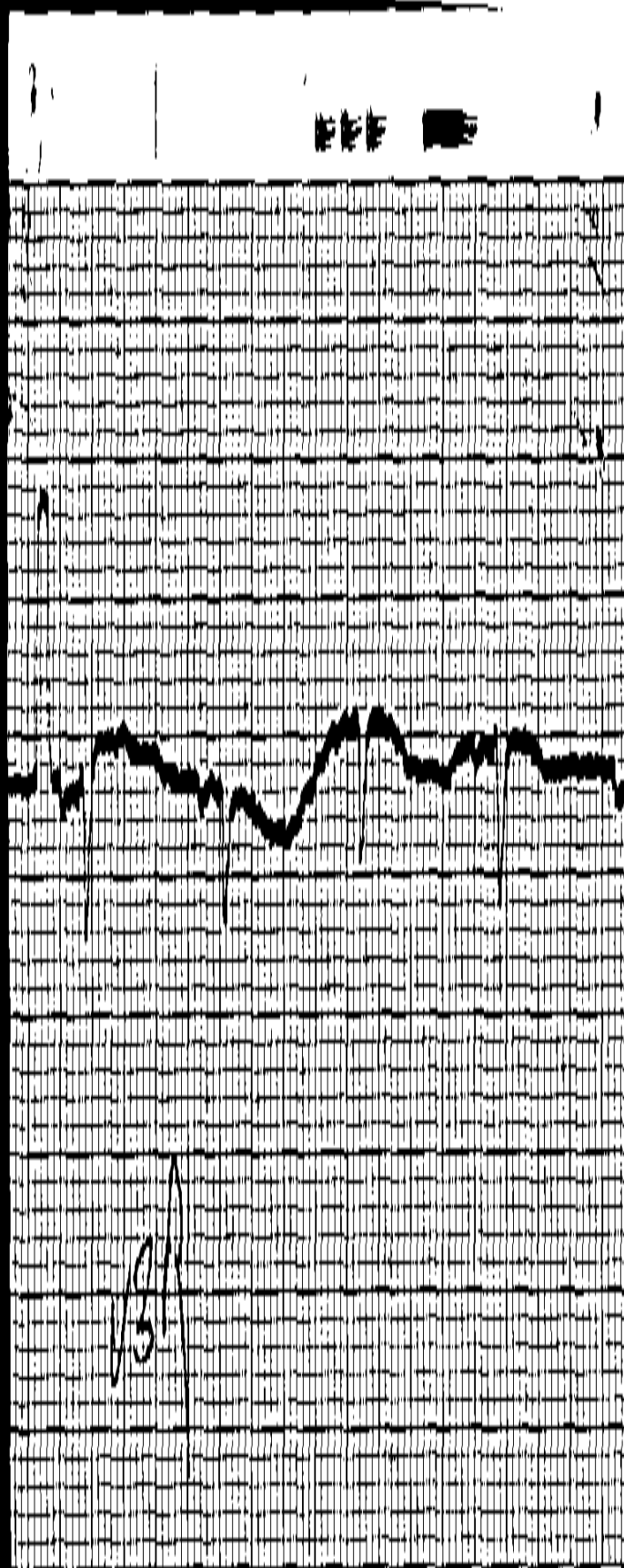
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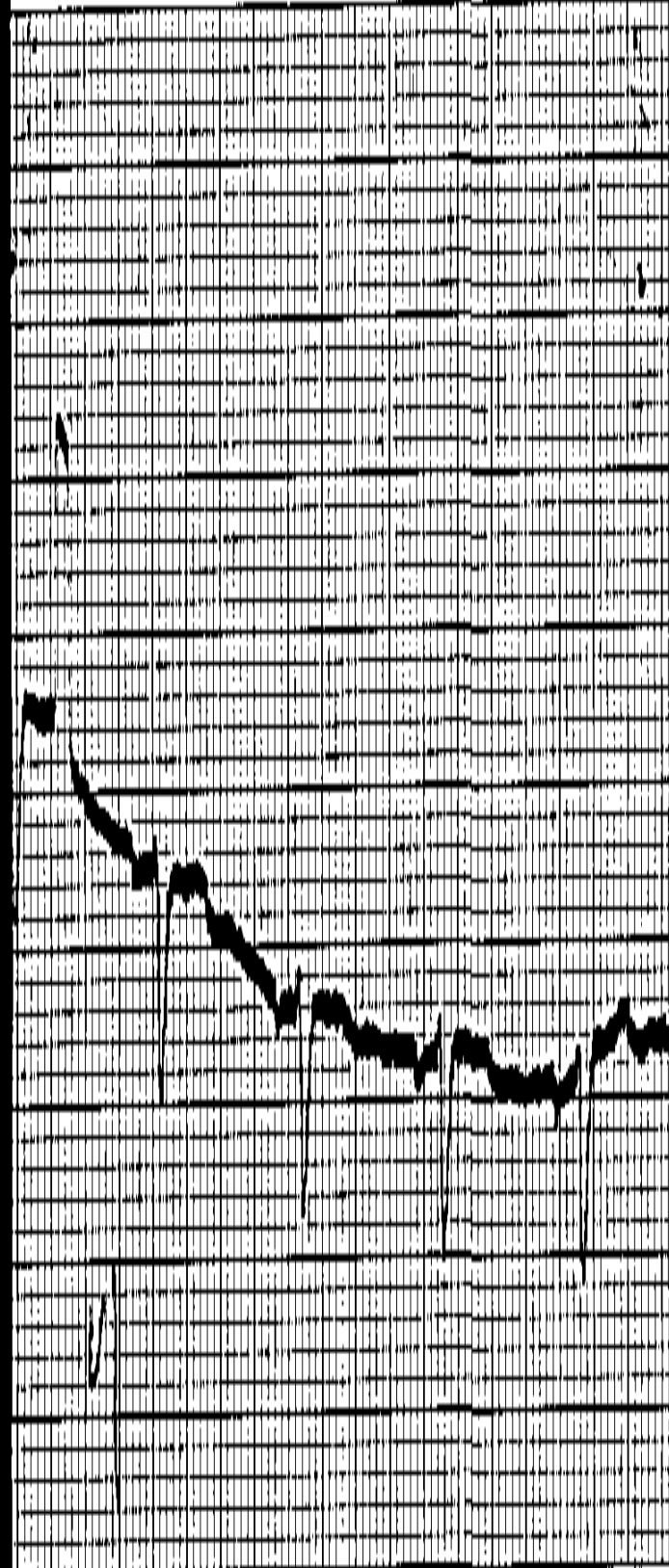
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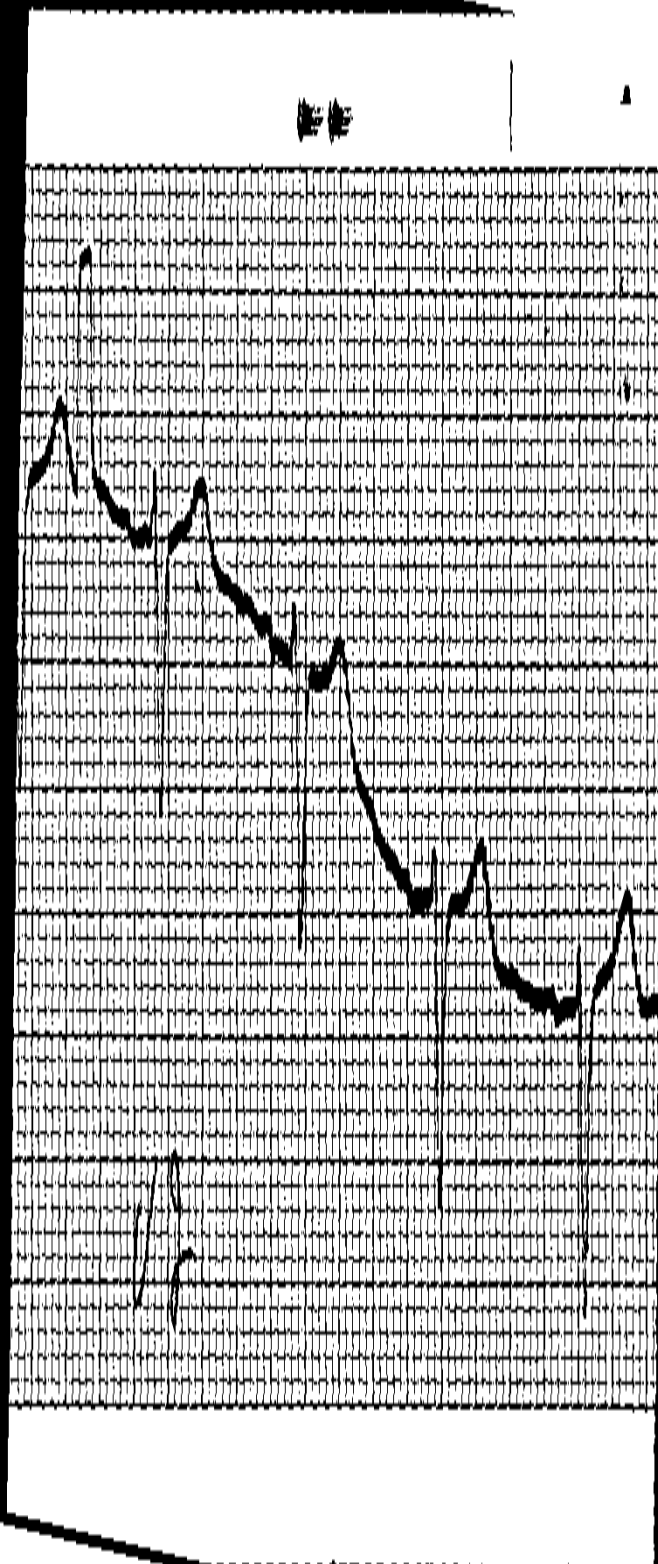
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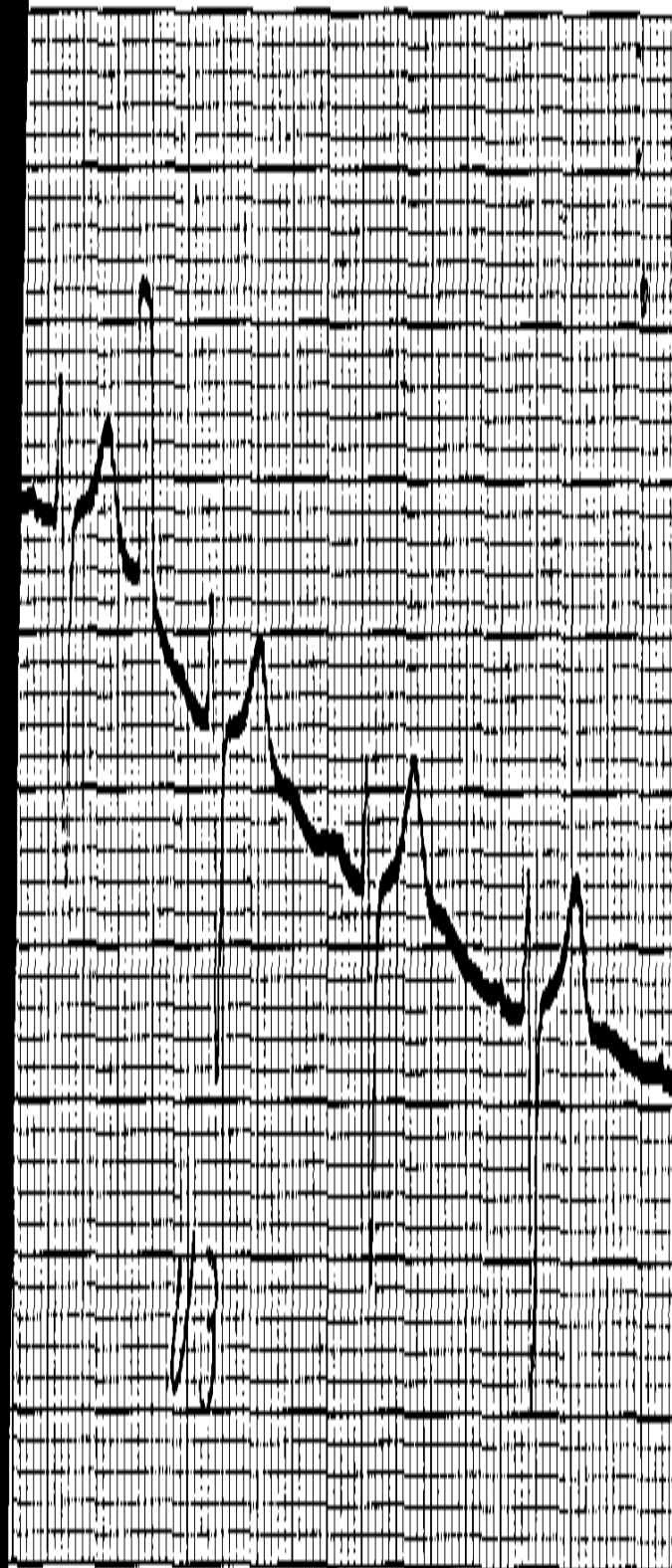


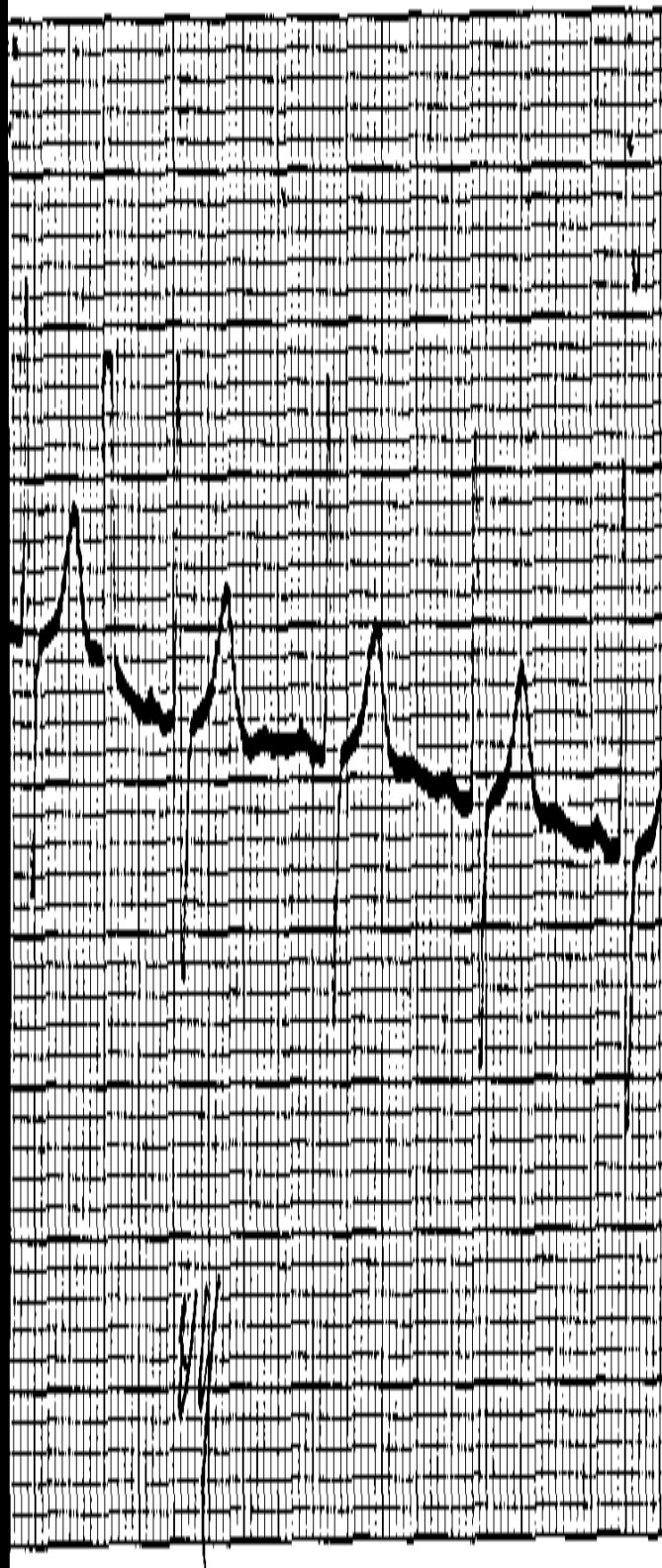




SANBORN VISO-CARDIETTE *Permapaper*





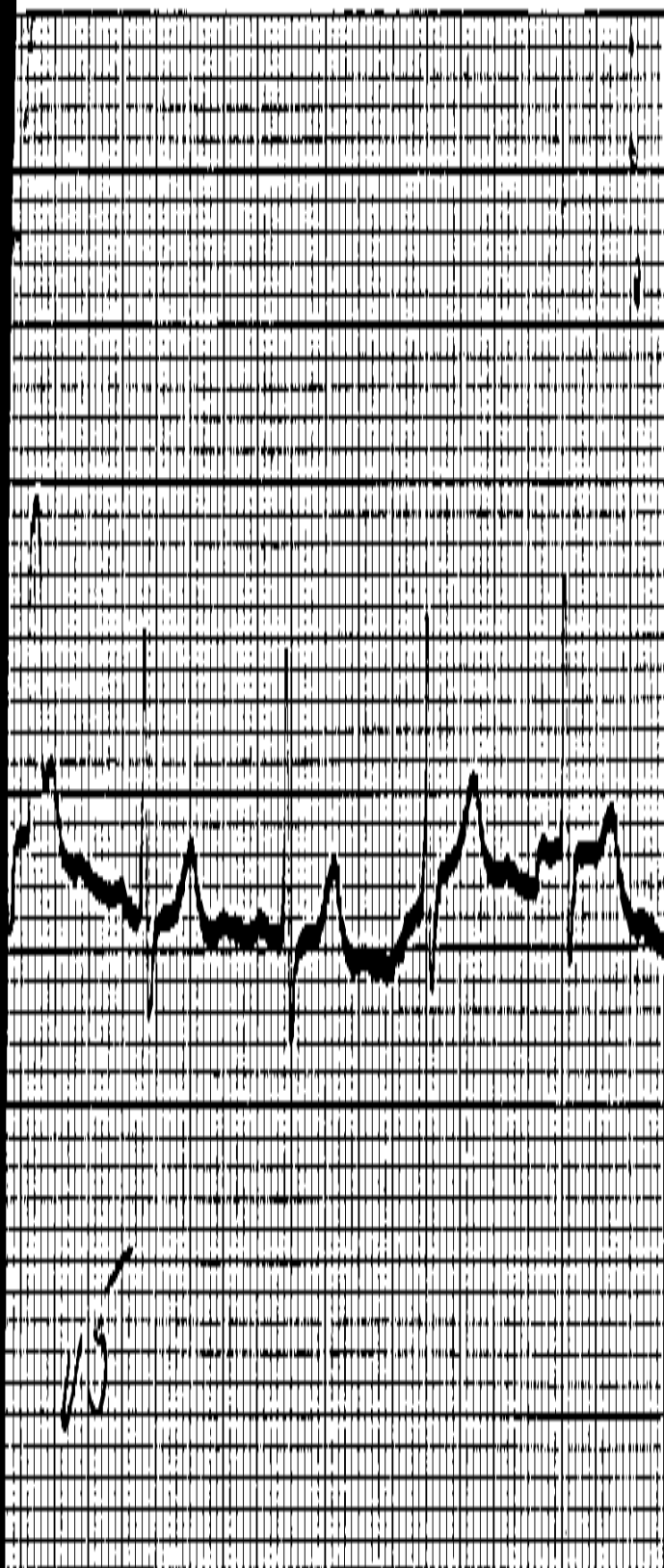


Permapaper

1

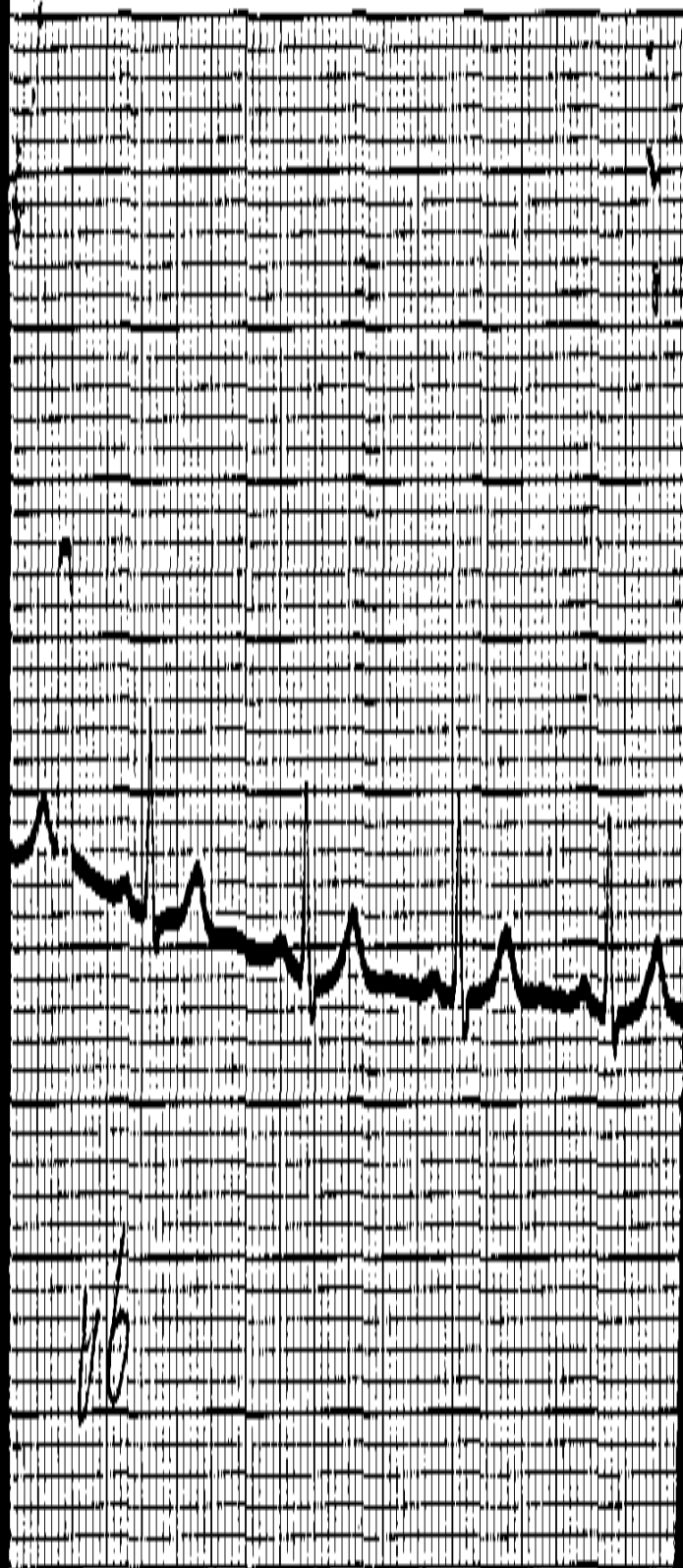
RECEIVED

4



SANBORN

第 1 号



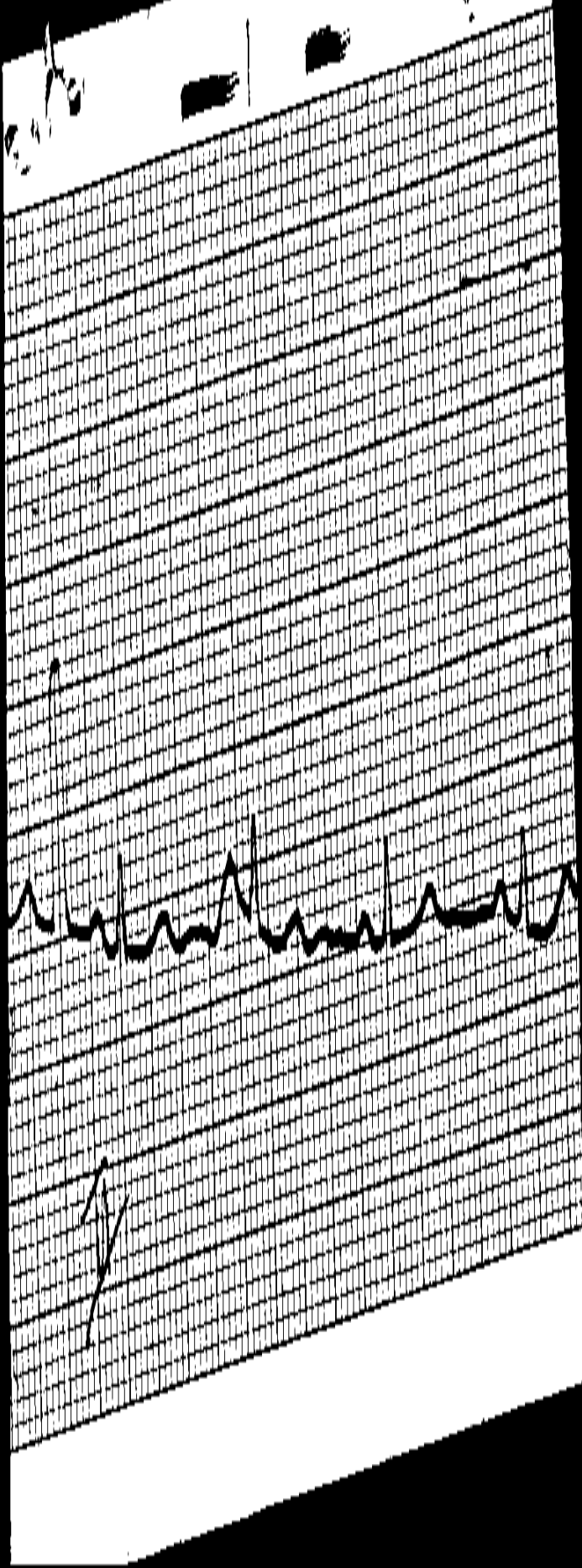




SANBORN VISO-CARDIETTE *Permapaper*

10/1/59

10/1/59





CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN		DATE	
50			70"	190				3-21-60@1000	
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Sinus						plus 30		AURIC. VENT. 70	
INTERVALS						P WAVES			
PR .18 QRS .06 QT						Normal			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

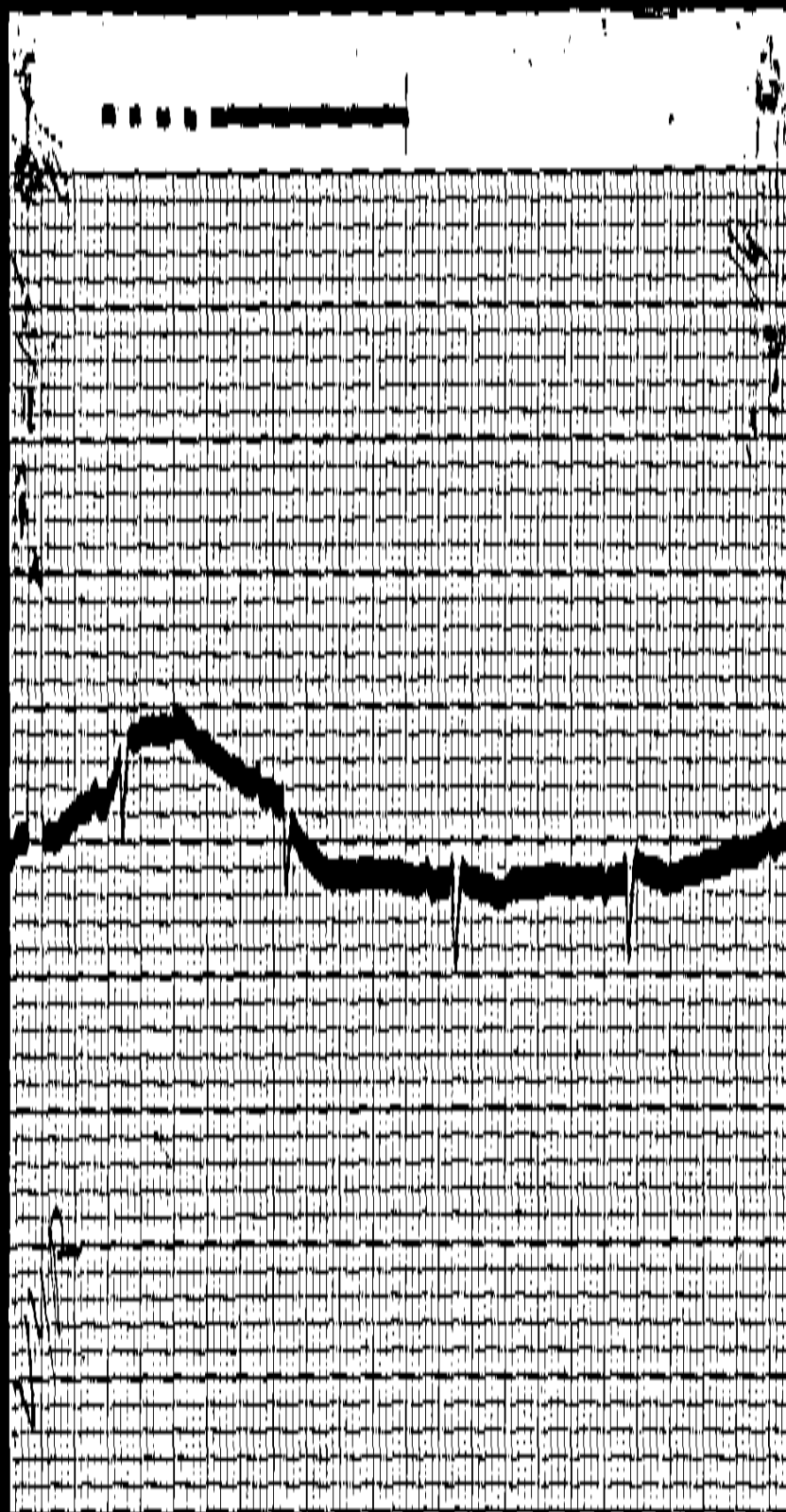
Within normal limits
No significant change since 3-11-59

b6

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG 18017	mjg	LT MC USN	3-21-60
PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
MOHR, JOHN P. FBI USNH BETHESDA, Md.			St Cl.

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)



SANBORN VISO-CARDIETTE *Pennapa*







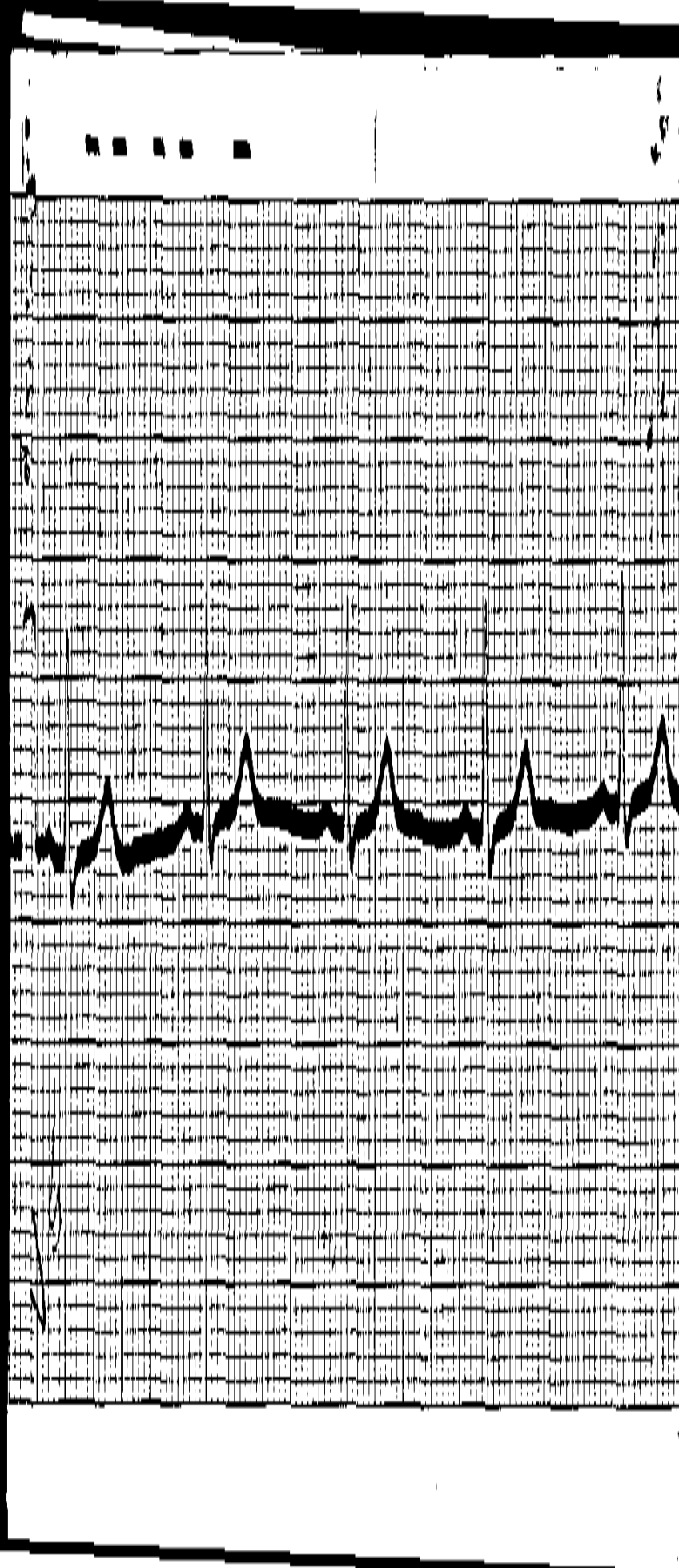
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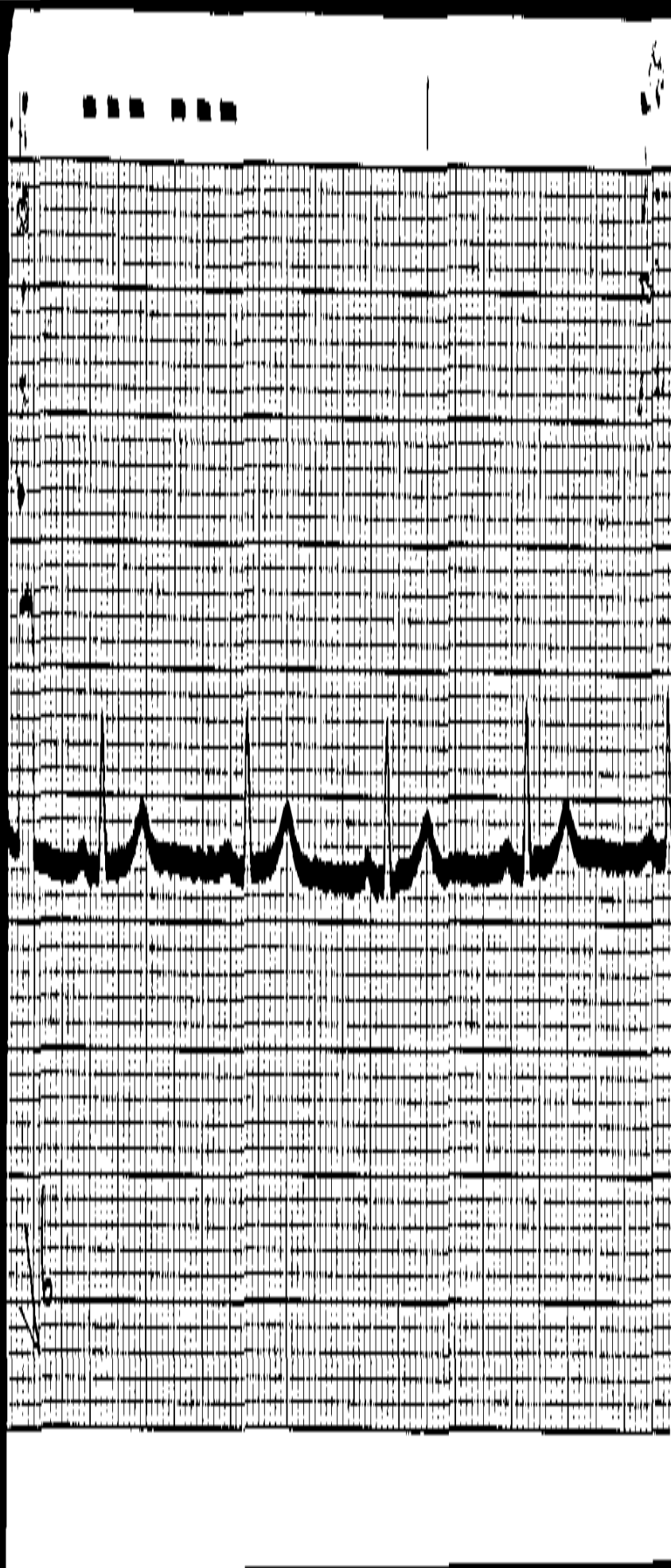


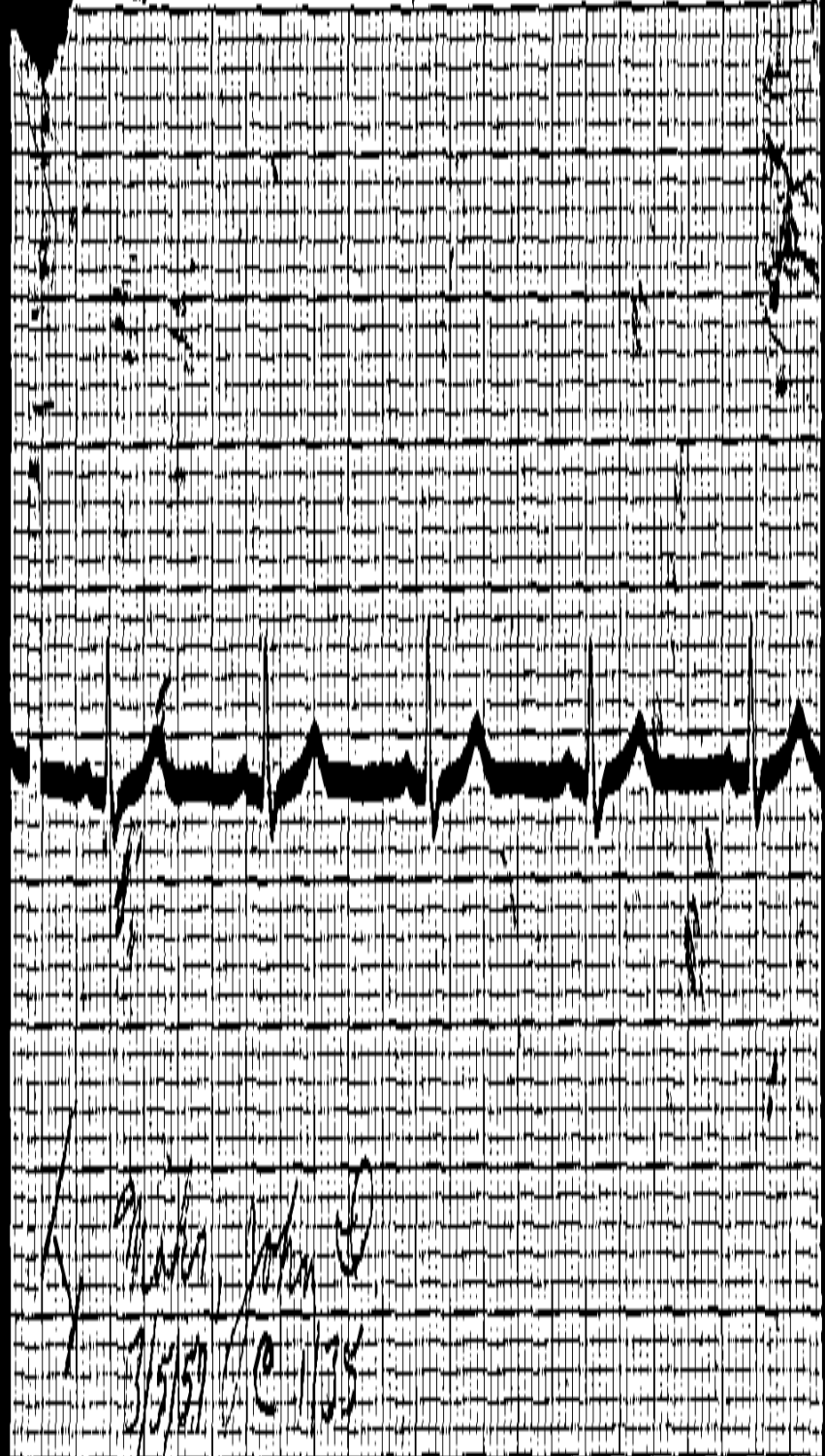
SANBORN VISO-CARDIETTE *Permapaper*



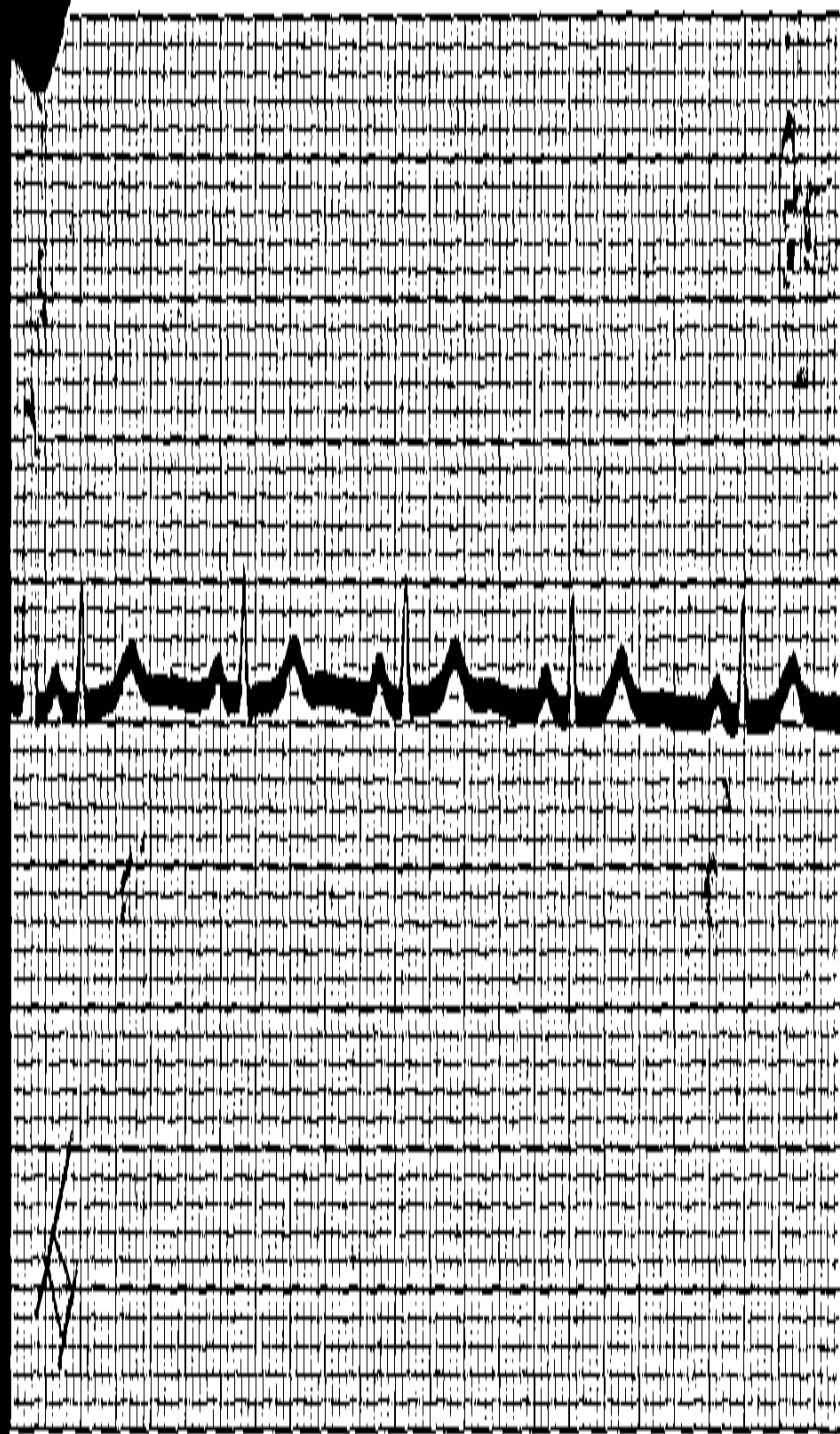
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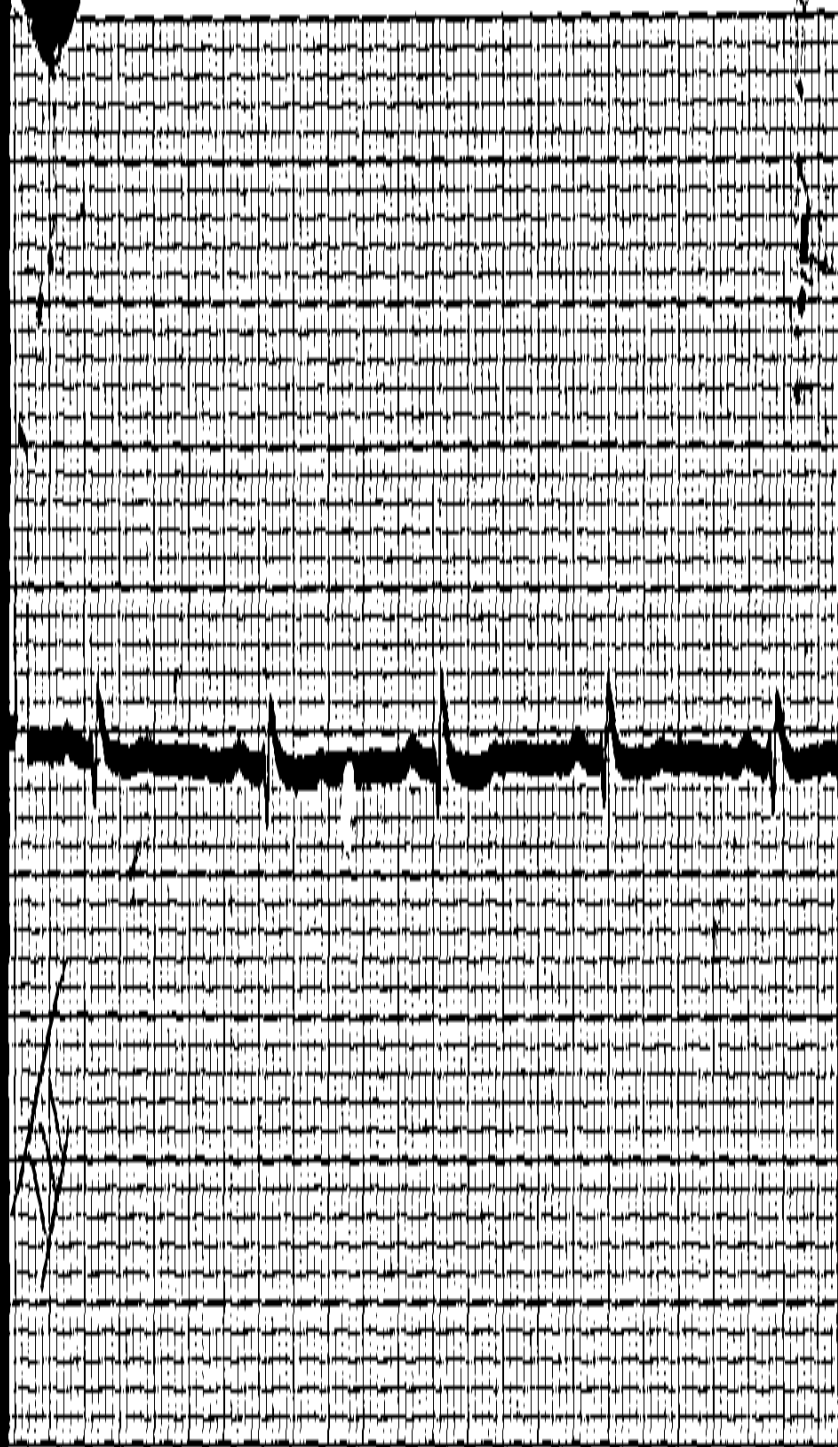




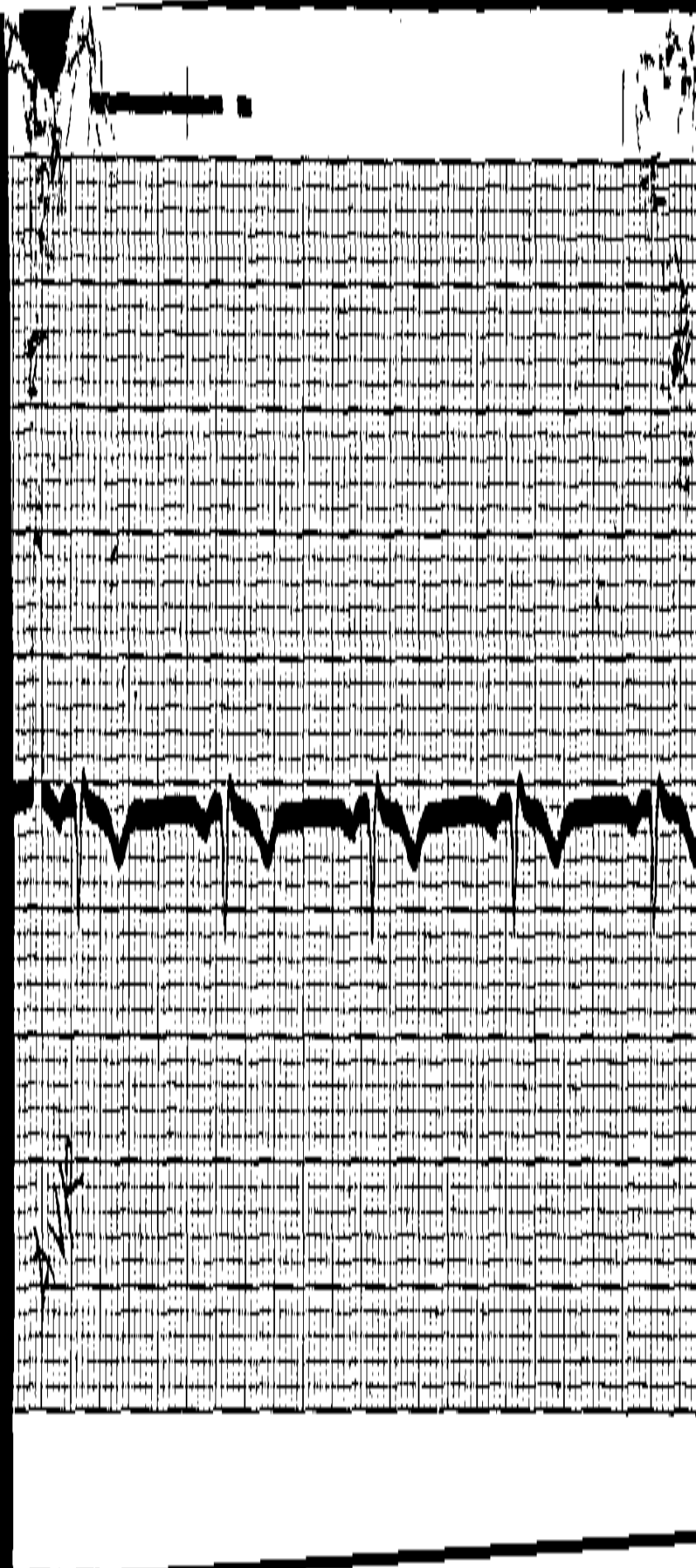
TLW



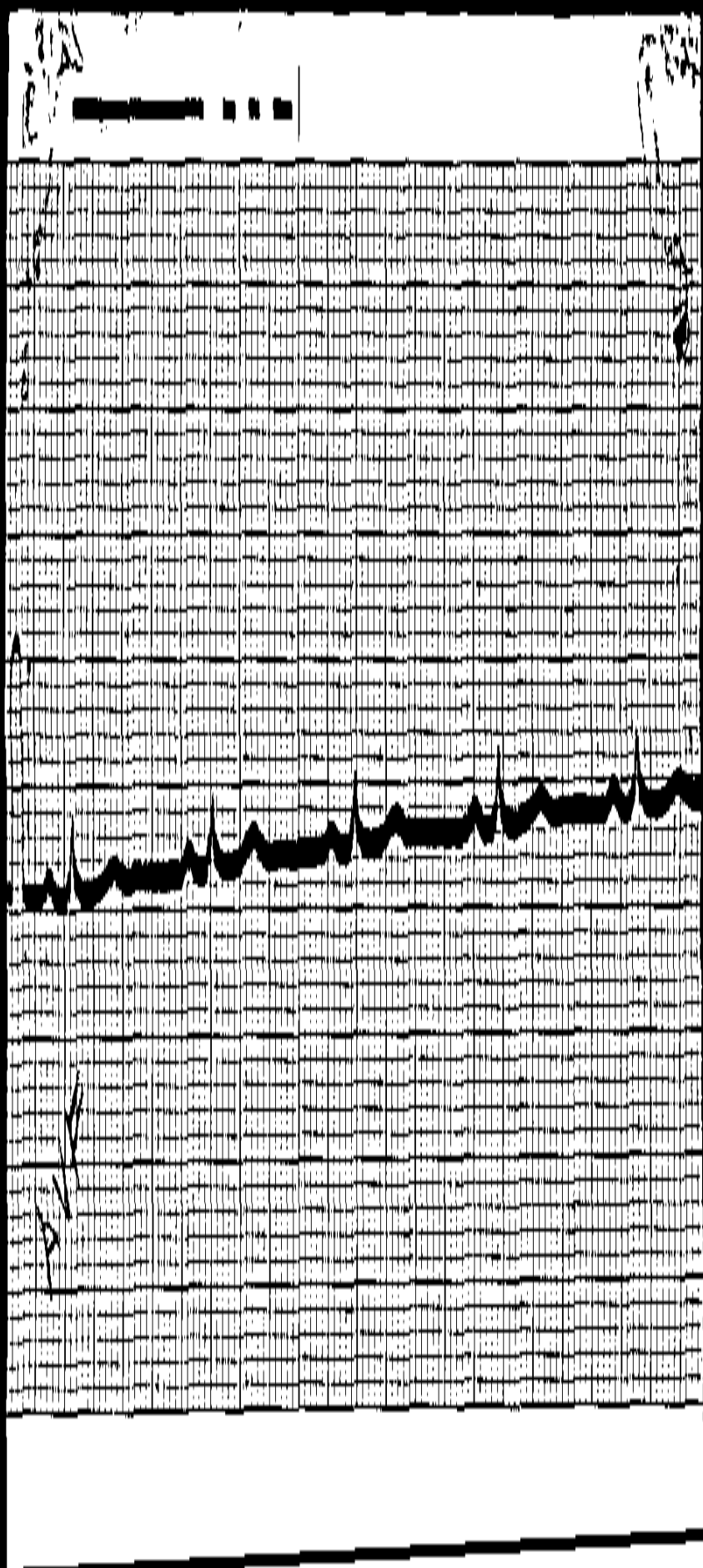
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SANBORN V







CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
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								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
46	M		70	198		[Signature]			3/5/57
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal sinus						Normal		AURIC. VENT. 80	
INTERVALS						P WAVES			
PR .16 QRS .08 QT .40									
QRS COMPLEXES									
Q3									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits.
2. No significant change since 2/28/56.

b6

(Continue on reverse)

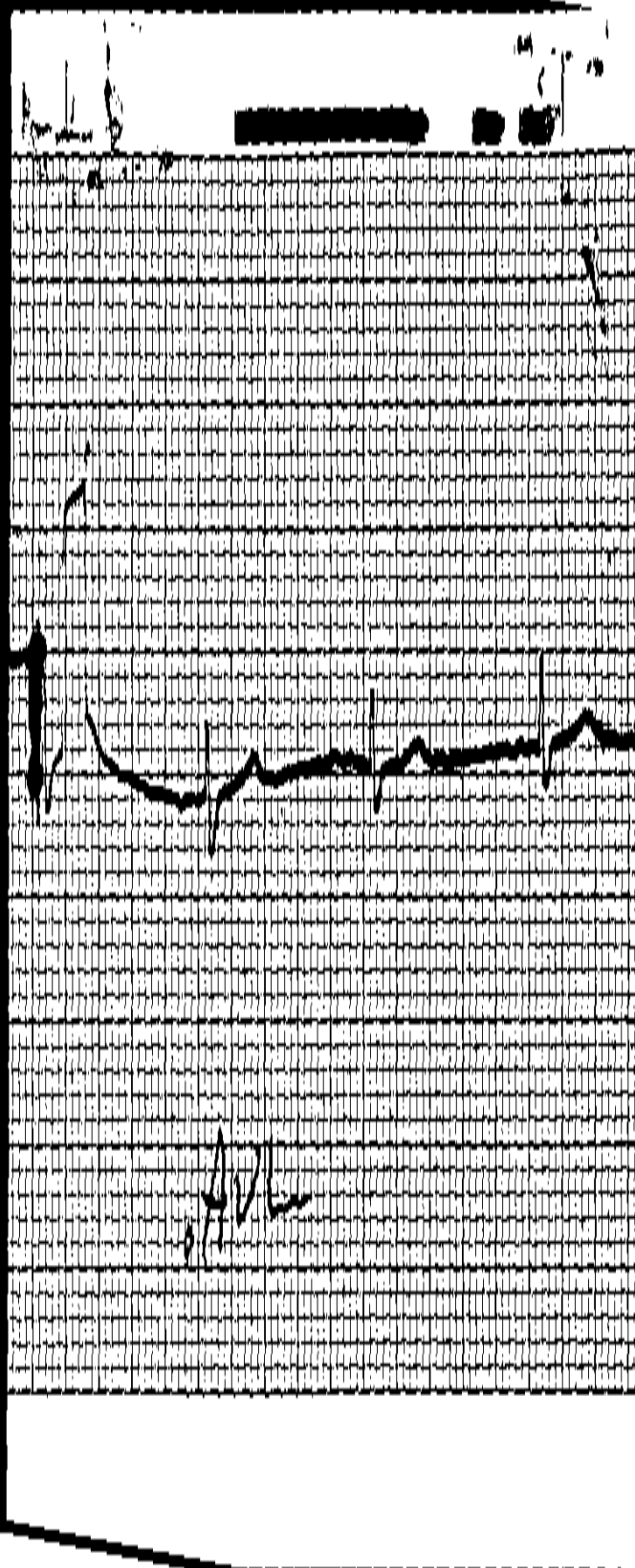
NO.	SIGNATURE	TITLE	DATE
ECG 18017	[Signature] (JP)	LT MC USN	3/7/57
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
MOHR JOHN R FBI NNMC USNH BETHESDA MD.			STAFF CLINIC

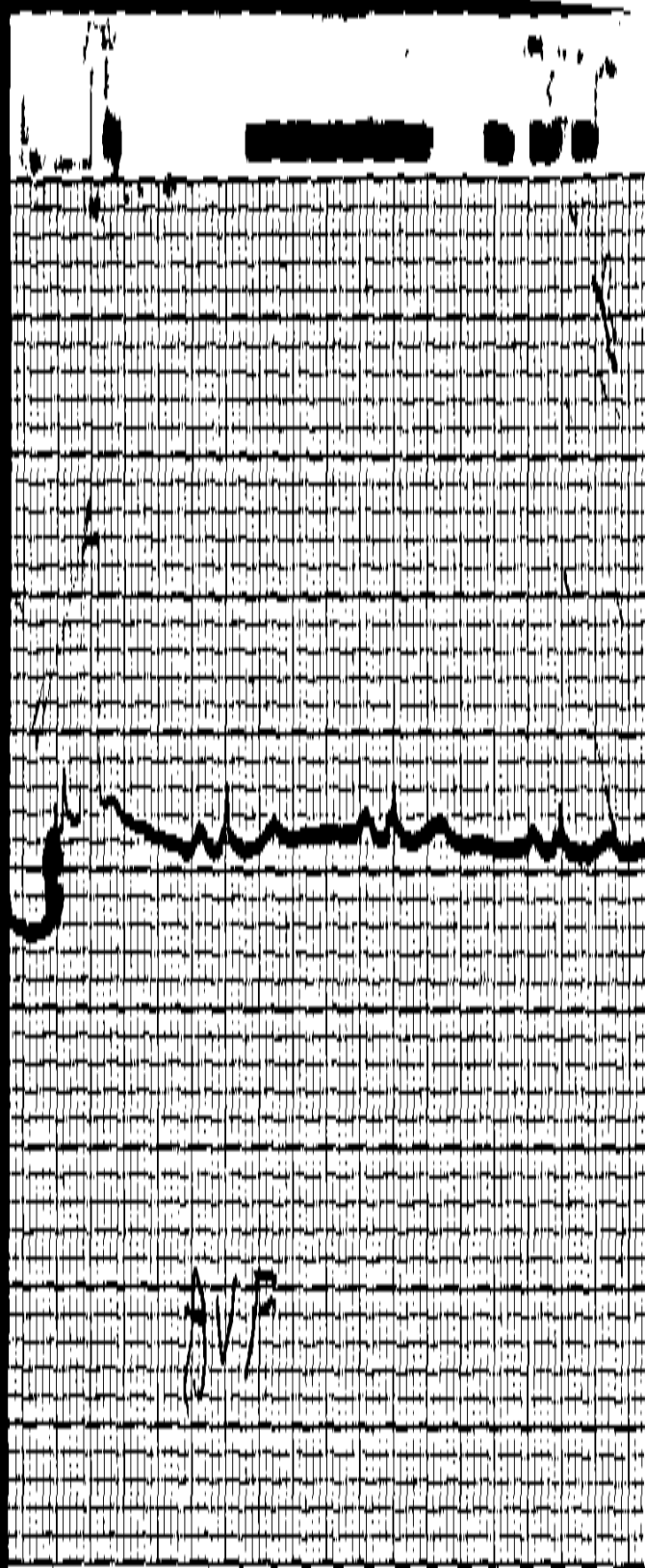
ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

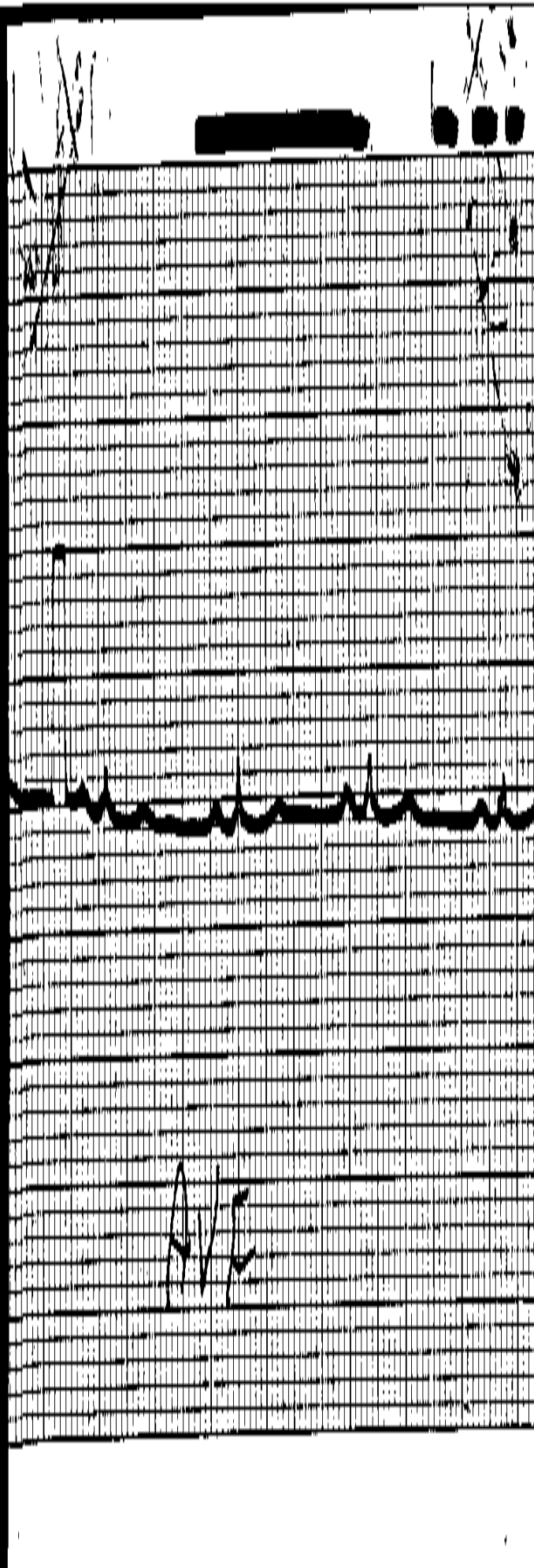
(Attach tracings to S. F. 507)







SANBORN VISO-CARDIETTE *Permapaper*



SECRET

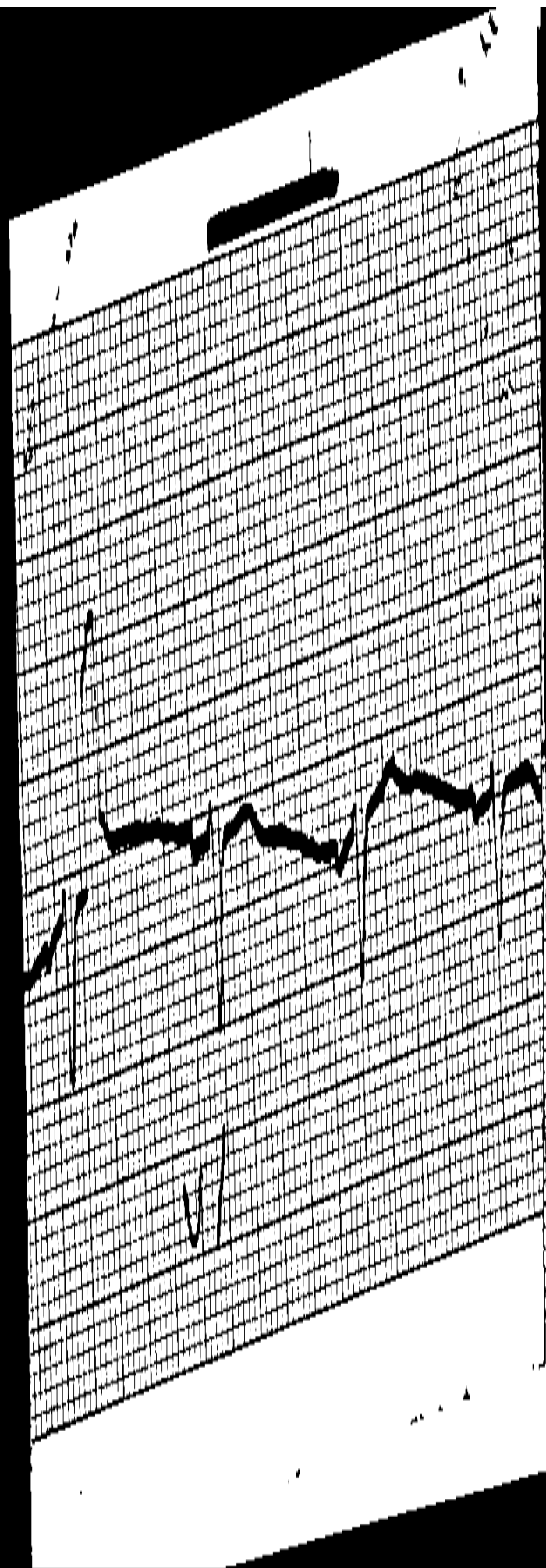


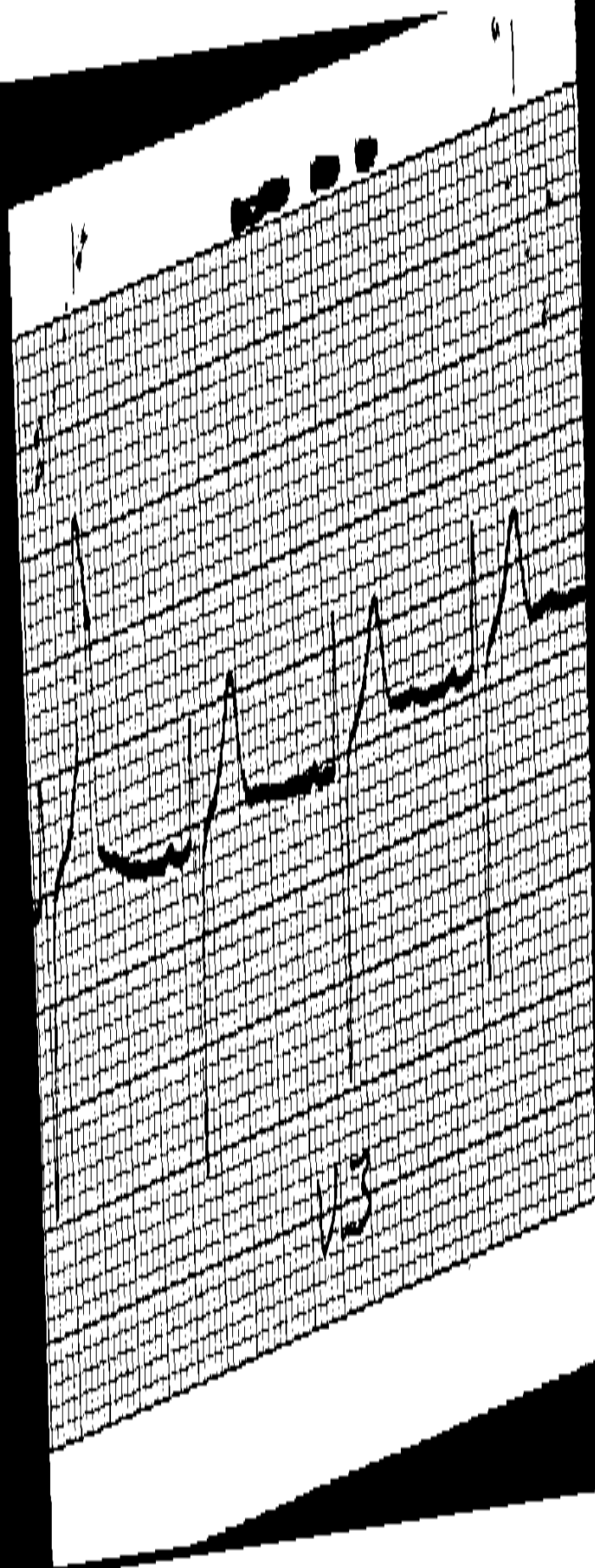
RECEIVED



V3A

SANBORN VISO-CARDIETTE *Permapaper*



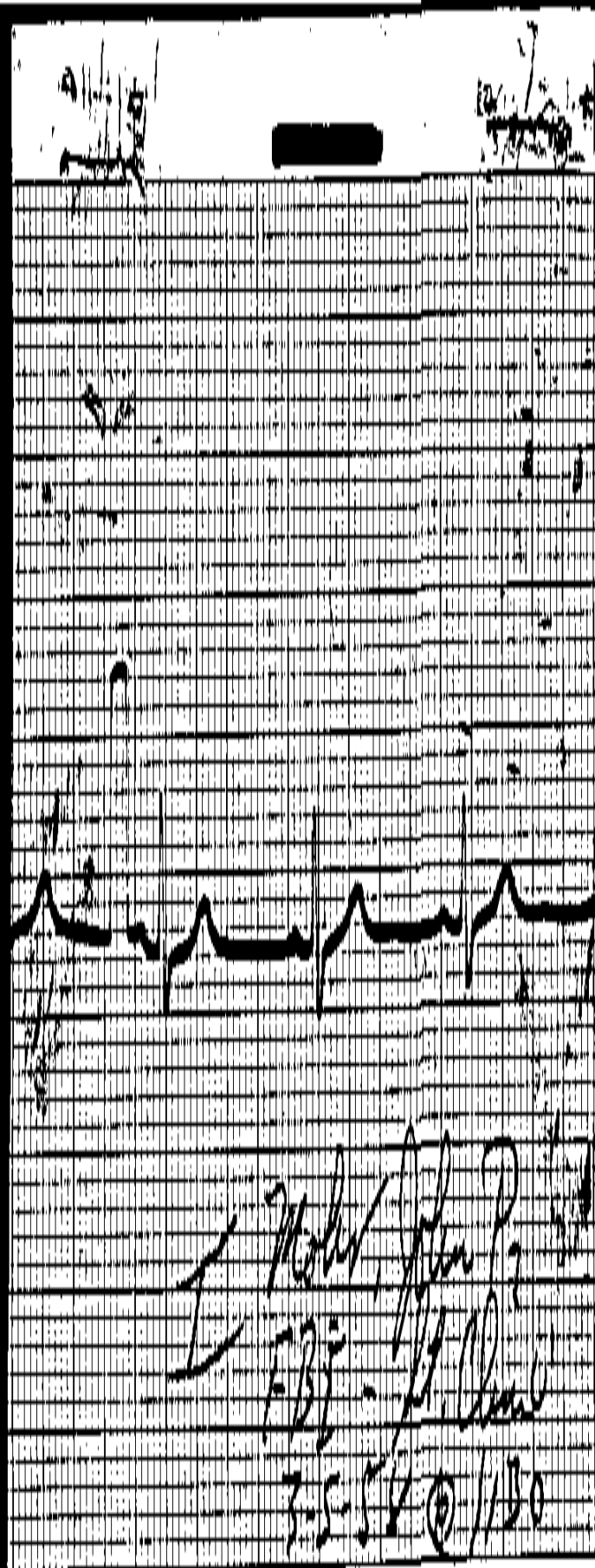


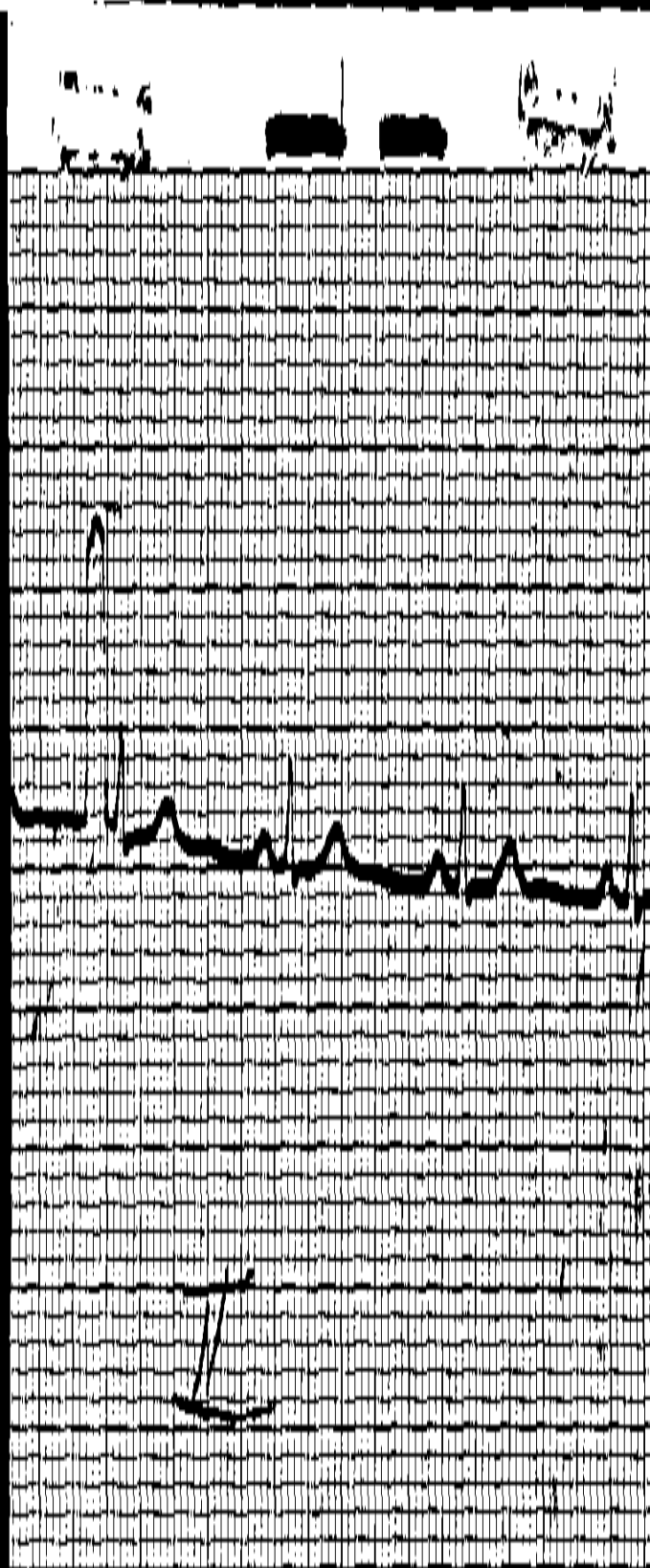


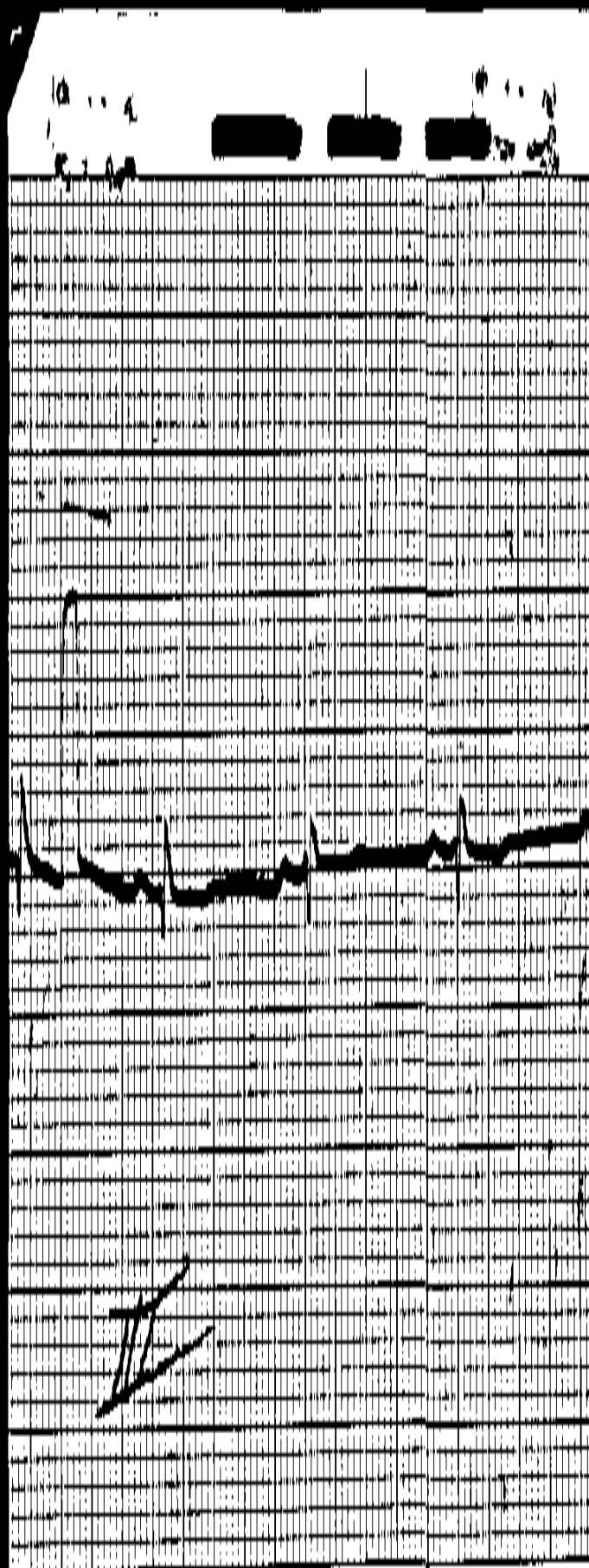
SANBORN VISO-CARDIETTE *Permapaper*




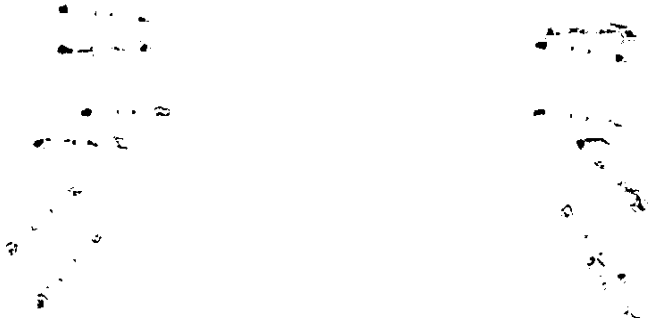








INBORN VISO-CARDIETTE *Permapaper*

CLINICAL RECORD					ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
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							<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
							<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN	DATE	
47	M		70	200			3/5/58 1130	
RHYTHM					AXIS DEVIATION (QRS)		RATES	
Normal sinus					+30°		AURIC. 62	
INTERVALS					P WAVES		VENT. 62	
PR .17					QRS .06		QT	
QRS COMPLEXES								
RS-T SEGMENT					T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)								
								


PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits.
2. No significant change since 3/5/58

b6

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG 18017	 rlc	LT MC USN	3/10/58
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
MOHR, JOHN P FBI NNMC USNH BETHESDA, MD.			Staff Clinic

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)

June 20, 1972

PERSONAL

Mr. John P. Mohr
Federal Bureau of Investigation
Washington, D. C.

Pend w/ prep 6-26-72 mgy

Listed 6-26-72 mgy

Dear Mr. Mohr:

I have your letter of June 15, 1972, regarding retirement and certainly regret that you have come to this decision.

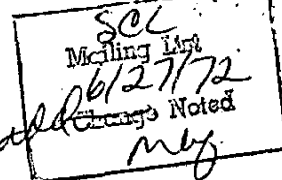
It is not that you have not earned retirement. No man who ever served the FBI has earned it more. You have been a keystone of the sturdy arch on which the Bureau structure has rested for a long, long time. Your steady hand, your keen intellect, and your loyal heart are evident throughout the acts and policies that have shaped this organization and made it great.

Your offer of future assistance is indeed appreciated. There is no more I can say except to thank you on behalf of the Nation for your immeasurable contribution to the FBI, and to wish Mrs. Mohr and you the very best of everything.

RJS/aeh (7)

Sincerely,
Pat Gray

b6



Felt _____
Mohr _____
Rosen _____
Bates _____
Bishop _____
Callahan _____
Campbell _____
Casper _____
Cleveland _____
Conrad _____
Dalbey _____
Miller, E.S. _____
Ponder _____
Soyars _____
Waikart _____
Walters _____
Tele. Room _____
Mr. Kinley _____
Mr. Armstrong _____
Ms. Herwig _____
Mrs. Neenan _____

1 - [redacted]
1 - Voucher-Statistical Section (Sent Direct)

1 - [redacted] - Assistant to the Director Mohr's cease active duty date is 6/23/72. EOD 10/2/39, SA. Place on Special Correspondents' List as his services are satisfactory. Forwarding address: 3427 North Edison Street, Arlington, Virginia 22207.

NOTE: Assistant to the Director Mohr is qualified by age and service for retirement under liberalized provisions of the Civil Service Retirement Act. He is assigned at Level V of Federal Salary Schedule, \$36,000 per annum.

MAIL ROOM ☐ TELETYPE UNIT ☐

JOHN MOHR

June 15, 1972

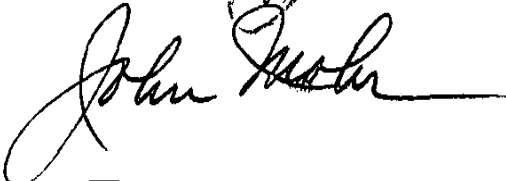
Dear Mr. Gray:

I request that you approve my application for retirement effective June 30, 1972. I submit this request for personal reasons. I have spent 39 1/2 years in government service, with almost 33 of those years in the FBI. Under the circumstances, I feel that I have earned some of the joys and pleasures that retirement can bring. REC-132 57-29 291-425

I leave this organization with a heavy heart since I loved every day that I worked here and I will miss the organization, as well as my association with the wonderful and fine people employed here. I have no plans for the future other than to relax and take care of some of the personal things which have accumulated over the years and require my attention at this time.

If I can ever be of service or assistance to you or the Bureau, all you need to do is call upon me.

Sincerely,



ENCLOSURE

Mr. L. Patrick Gray, III
Acting Director
Federal Bureau of Investigation
Washington, D. C.

Let. ack.
6/20/72, RJS/ack

3/ack

RETIREMENT INFORMATION

Name: **John P. Mohr**Date: **June 20, 1972**

APPLICATION

- ☒ The "Application for Retirement" will be forwarded by the Bureau to the Civil Service Commission (CSC) for approval.
- ☐ The enclosed "Application for Retirement" should be executed (or changed as indicated below) and promptly returned to the Bureau for forwarding to the Civil Service Commission (CSC) for approval. The information sheet attached to the application is for your records and you should detach it before sending in the application.

DEPOSIT OR REDEPOSIT

Making either a deposit or redeposit is optional. Such amounts are paid directly by you to CSC; therefore, it is possible that you have already made the deposit or redeposit indicated below without the Bureau's knowledge, having dealt directly with CSC. If so, you may ignore this matter now. If not, after a review of the approximate annuity figures shown below, should you decide to make a deposit or redeposit, you should request Bureau to forward Standard Form 2803 to you. Return this form to the Bureau.

- ☐ Not applicable.
- ☒ The deposit you may owe is a payment to the retirement fund to cover a period of service during which no retirement deductions were withheld from salary. Credit is given for service not covered by deductions; however, if the deposit is not paid, annuity will be reduced each year by 10% of the amount due as deposit. The amount you may owe is approximately \$ **1030**.
- ☐ The redeposit you may owe is a payment to the retirement fund to cover a period of service for which retirement deductions were withheld from your salary but later refunded to you following your separation from civilian employment. No credit is allowed in the computation of annuity for the period of service covered by the refund unless redeposit is made. The amount you may owe is approximately \$ _____.

ANNUITY

Annuities are computed on full months of service. The estimated annuity below is based on your ☒ Bureau service, including 1 year, 2 months, 7 days of accrued sick leave, ☒ other civilian Government service and/or ☐ military service known to us, totalling 30 years, 6 months, 23 days. CSC makes the official computations and determines whether prior service is creditable, advising you direct the exact amount of your annuity. The figures below are only estimates, and they do not take account of deduction for health insurance coverage. You should receive the first annuity check about 2 months after separating from the Bureau's rolls. Separation for disability retirement or for SA retirement cannot be made final until CSC has notified FBI of the approval of your application.

TYPES OF ANNUITY

Married applicants only

- | | With Deposit | Without Deposit | With Redeposit | Without Redeposit | With Deposit & Redeposit |
|--|----------------|-----------------|----------------|-------------------|--------------------------|
| <input checked="" type="checkbox"/> Reduced Type of Annuity with benefit to Spouse (See over, next to last paragraph, Health Benefits Program) | \$ 2250 | \$ 2251 | \$ _____ | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Annuity Without Survivor Benefit | \$ 2484 | \$ 2474 | \$ _____ | \$ _____ | \$ _____ |

Unmarried applicants only (Including Widowed or Divorced)

- | | | | | | |
|---|----------|----------|----------|----------|----------|
| <input type="checkbox"/> Annuity without Survivor Benefit | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Reduced Annuity With Benefit to Person having an Insurable Interest | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Survivor Annuity (55% of all or the portion of your annuity specified) | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

plus annuity for each eligible child.

SEPARATION FROM ROLLS

Since you ☐ will cease active duty ☐ ceased active duty on 0/28/72 your annuity will commence 7/1/72 immediately following the ☐ cease active duty date or ☒ expiration of current accrued annual leave on 0/30/72 earned through 0/23/72. Item B2 on application ☐ changed to ☐ should be changed to close of business

_____. If ☐ annual leave or sick leave was or will be used by you subsequent to _____ this may change the effective date of your retirement and shorten your total length of service. Bureau should be advised immediately of any such change.

- ☐ If retirement is for disability, separation takes effect after the approval of CSC is received by the Bureau or after the expiration of any accrued sick leave, whichever occurs later. Under Internal Revenue Service regulations, some sick pay and disability income is not taxable; thus, you may be able to exclude from Federal income tax liability all or a part of the payments you receive for sick leave used prior to the date your annuity commenced, as well as for annuity received as a disability annuitant. Any such exemption would terminate when you reach normal retirement age. Thereafter, this annuity would be Federal income tax-free until you had drawn as annuity an amount equal to the retirement deductions from your salary while you were working. CSC will advise you of this amount.
- ☒ If retirement is not for disability, the "sick pay" exclusion is not permissible. Once you have received in annuity as much as was deducted from your salary for retirement purposes, you are subject to Federal Income Tax on the rest. CSC will advise how much was deducted. Only if you were incapacitated and were granted extended sick and/or annual leave for sick leave exceeding thirty calendar days prior to separation for retirement might you qualify for a "sick pay" exclusion for the leave period.
- ☒ Questions you may have as an annuitant regarding your income tax liability or privileges can be answered by the Internal Revenue Service. Internal Revenue Publication, Comprehensive Tax Guide to U.S. Civil Service Retirement Benefits, may be of assistance to you. Note: You are required to file a Federal gift tax return, Form 709, if you elect a reduced annuity with benefit to surviving spouse. In the usual case it is unlikely any tax will be payable; however, a tax return must be filed.
- ☒ You should send CSC over your signature any change in address, setting out your CSA (retirement) number.
- ☒ Following your separation date, you will receive a lump-sum payment for your accumulated annual leave in the approximate amount of \$ **0,950**. A deduction for Federal income tax has been made from this estimate.

ENCLOSURE

67-129301-625

3/24

(over)

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

- ☐ Records show you elected Optional Insurance of \$10,000 and have Regular Insurance of \$ 30,050.
- ☒ Records show you declined Optional Insurance but are covered by Regular Insurance of \$ 30,050.
- ☐ Records show you waived both Regular and Optional Insurance.

You may continue your group life insurance coverage following retirement or convert it to an individual life insurance policy without being required to undergo a physical examination. Conversion to an individual life insurance policy necessitates paying the usual premium for a person of your age and class of risk. If you decide to convert, the Bureau should be immediately advised. Otherwise, SF-56, "Agency Certification of Insurance Status," will be forwarded to CSC and a copy sent to you. If you elect to continue Regular Insurance coverage, such protection will continue premium free until you reach age 65. At that time coverage will be reduced 75% (at 2% per month) by the time you reach age 68 years and 2 months. The remaining 25% is also premium free for the remainder of life. Optional Insurance of \$10,000, if continued after retirement, will be at full premium cost until you reach age 65. Thereafter, it is cost free for the remainder of life and commencing at age 65 it will be reduced 75% at the same rate as Regular Insurance. The premium cost of Optional Insurance varies as to age, beginning at \$2.82 monthly for persons under age 35 and ranging to \$41.17 monthly for persons age 60 or over. Optional Insurance may be continued after retirement if you continue to pay for it until age 65 provided you keep Regular Insurance. To retain the Optional Insurance requires no action, CSC will deduct the cost from your annuity. You must have had Optional Insurance for all of your service during which it was available (first offered in (1968) or for 12 years immediately before your retirement. Optional Insurance may be converted to an individual policy if you are not eligible to continue it or, if you do not wish Optional Insurance to be continued, you may waive coverage at any time by notifying CSC and still keep your Regular Insurance. Following retirement, double indemnity benefits concerning accidental death and dismemberment no longer exist for either Regular or Optional Insurance.

- ☐ You elected Optional Insurance on _____. If you desire to waive the insurance, you should submit SF-176. If you desire to convert the Optional Insurance, submit in duplicate a signed statement that you want to convert the Optional Insurance to an individual policy and wish to be informed how to do it.

Note: If the annuity of an insured retired employee is terminated under any applicable law or regulation, his regular and/or optional life insurance coverage stops on the date of such termination, with no conversion rights thereafter.

DESIGNATION OF BENEFICIARY, STANDARD FORM 54, FEDERAL EMPLOYEES' GROUP LIFE INSURANCE FILED:

- ☒ No. Beneficiary will be in order of precedence used by U.S. Government, i.e., (1) widow or widower, (2) children, (3) parents, etc.
- ☐ Yes; beneficiary designated as _____

This designation is being forwarded to CSC and it will remain valid unless changed or canceled. Contact CSC for any change desired following retirement.

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

- ☐ Records show you elected not to enroll.
- ☒ Records show you enrolled in the following plan:
- ☐ Government-wide Service Benefit Plan (Blue Cross - Blue Shield)
 - ☐ Government-wide Indemnity Benefit Plan (Aetna Life Insurance Company)
 - ☐ Comprehensive Medical Plan
 - ☒ Special Agents Mutual Benefit Association (SAMBA) (See information below on SAMBA Life Insurance)

Unless you cancel your present health benefits enrollment, you will remain under your health benefits plan after retirement, and your enrollment will be transferred to CSC. The cost of your share of the plan will be deducted from your annuity by CSC.

Enrollment of an employee who dies while he is enrolled "for self and family" continues for his family if at least one family member is entitled to an annuity as the survivor. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to "self only."

The original of SF 2810, "Notice of Change in Health Benefits Enrollment," will be forwarded to you by the Bureau at a later date.

SAMBA LIFE INSURANCE - The life insurance you carry under SAMBA on yourself and dependents will continue in force until 1-10 or 7-10 coinciding with or next following the date of your retirement providing you pay the premium semi-annually. However, if premium for this coverage is withheld by payroll allotment, the life insurance ceases as of the date your separation for retirement becomes effective, with a 31-day grace period. If you desire to continue the protection beyond this time, you may do so without a physical examination on you, your spouse, and children under age 21. You may elect to continue to age 70 at group rates 50% of the life insurance on you, your spouse, and children as follows:

Your Pre-retirement Amount	Amount Continued at Retirement	Semi-Annual Cost	Spouse and Children				Semi-Annual Cost
			Pre-retirement Amount		Amount Continued at Retirement		
			Spouse	Child	Spouse	Child	
\$ 3,000	\$ 1,500	\$ 3.25					
7,000	3,500	12.25					
8,000	4,000	15.00					
10,000	5,000	20.00					
12,000	6,000	25.75					
15,000	7,500	33.50					
20,000	10,000	48.00					
23,000	11,500	58.50					
30,000	15,000	75.00					
35,000	17,500	87.50					
			\$ 2,000	\$1,000	\$1,000	NONE	\$ 2.25
			4,000	3,500	2,000	1,750	8.00
			8,000	3,500	4,000	1,750	16.00
			10,000	NONE	5,000	NONE	20.00

If you desire to convert 50% of your present life insurance, write within 31 days before your coverage terminates to SAMBA, Suite 750, 1325 G Street, Northwest, Washington, D. C. 20005. You may continue this coverage until January 10 or July 10 which coincides with or next follows your attainment of age 70. You will be billed on a semi-annually basis on January 10th and July 10th. At age 70, this coverage will terminate and you may then convert the amount of life insurance carried with SAMBA on you and your spouse to a regular policy with The Prudential Insurance Company of America.

At retirement the 50% of SAMBA Life Insurance that cannot be continued with SAMBA may be converted to a regular policy with Prudential on you and your spouse, but not on the children. The premium will be the same as if you and your spouse applied for an individual policy at that time. You may make the necessary conversion arrangement through the nearest Prudential Office.

SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI)

If you are a member of SATI upon retirement, you cannot continue the Long Term Disability (In-Hospital Income, Salary Continuation and Pension Supplement). You may continue the Accidental Death, Dismemberment and Permanent Total Disability and the Accident Indemnification at the same rates and amounts to age 65. You may also continue the coverage on your spouse to age 65 and your dependent children to age 18 (or 23 if full-time student.) Upon attainment of age 65 you may only continue the Accidental Death and Dismemberment but not the Permanent Total Disability portion to a maximum of \$25,000 on you and your spouse to age 75. The cost will be 19¢ per month per thousand. Upon the death of an insured employee, the insured spouse and dependent children may continue their insurance until age 65 or age 18. The Accident Indemnification cannot be continued after age 65. If you retire due to disability and belong to SATI, you should contact Wright and Company, Suite 1222, 1001 Connecticut Avenue, N. W., Washington, D. C. 20036.

ENCLOSURE

- ☐ Standard Form 2801, "Application for Retirement"
- ☒ Standard Form 8, "Notice to Federal Employee About Unemployment Compensation"
- ☒ Pamphlet, "Your Retirement System."
- ☐ Standard Form 2801-B, "Physician's Statement," for disability retirement.

**ADDITIONAL INFORMATION
IN SUPPORT OF APPLICATION FOR CIVIL SERVICE RETIREMENT**

(To be completed by agency employing office and attached to employee's application for retirement)

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

A. IDENTIFICATION OF APPLICANT

1. NAME OF APPLICANT (Last, First, Middle) MOHR, JOHN PHILIP	2. DATE OF BIRTH (Month, Day, Year) 4/20/10	3. SOCIAL SECURITY ACCOUNT NUMBER 224 60 0645
--	---	---

B. INFORMATION CONCERNING ADDITIONAL CREDITABLE CIVILIAN SERVICE, IF ANY

1. SERVICE COMPUTATION DATE (Month) (Day) (Year) 2/15/34	2. REVIEW PERSONNEL FOLDER. DOES APPLICANT HAVE CREDITABLE CIVILIAN SERVICE <u>NOT</u> COVERED BY CIVIL SERVICE RETIREMENT CONTRIBUTIONS (Including Federal service covered by social security or another retirement system for Federal or District of Columbia employees)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	--

3. IF ANSWER IN ITEM 2 IS YES, COMPLETE SCHEDULE BELOW TO SHOW SERVICE VERIFIED BY OFFICIAL DOCUMENTS IN PERSONNEL FOLDER, INCLUDING THE EFFECTIVE DATE AND RATE OF EACH PAY CHANGE. UNDER "REMARKS" SHOW ANY PERIOD OF LEAVE WITHOUT PAY, TIME ACTUALLY WORKED IF EMPLOYMENT WAS INTERMITTENT, OR TOUR OF DUTY IF EMPLOYMENT WAS PART TIME WITH A REGULAR TOUR OF DUTY.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of prior civilian service is NOT acceptable for retirement purposes. If employee claims civilian service NOT verified by official personnel documents, do not delay submission of application for retirement. Instead, have applicant attach a signed statement to his application, giving dates of claimed service, position titles, location of employment, and agency name including bureau and division.

EFFECTIVE DATE	ACTION	BASE PAY	FEDERAL AGENCY	RETIREMENT SYSTEM (If any)	REMARKS
1/19/34	appointed	\$1620 pa	U. S. Coast and Geodetic Survey		
8/31/35	Terminated				
9/3/35	appointed	\$5.00 p/day	National Emergency Council		
9/23/35	terminated				
10/19/35	appointed	\$1620 pa	Works Project Administration		
9/16/37		\$1800 pa	"		
6/29/39		\$2000 pa	"		
10/1/39	terminated				

C. INFORMATION CONCERNING CREDITABLE MILITARY SERVICE (If claimed by applicant)

1. IF APPLICANT CLAIMS RETIREMENT CREDIT FOR MILITARY SERVICE, IS A COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE ATTACHED TO APPLICATION FOR RETIREMENT? NA <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: A military discharge certificate submitted with application for retirement is acceptable only if it shows specific dates of active service and character of discharge.
--	--

2. IF APPLICANT HAS NOT ATTACHED AN ACCEPTABLE COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE, BUT EXACT DATES OF ACTIVE, HONORABLE MILITARY SERVICE HAVE BEEN VERIFIED IN PERSONNEL FOLDER (By prior comparison with official military discharge certificate) FOR VETERANS PREFERENCE OR OTHER PURPOSES, COMPLETE SCHEDULE BELOW. DO NOT DELAY SUBMISSION OF APPLICATION FOR RETIREMENT TO VERIFY SERVICE IF UNVERIFIED. IF SERVICE NOT VERIFIED IN PERSONNEL FOLDER, SO STATE BELOW.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of military service, is not acceptable for retirement purposes.

FROM	TO	BRANCH	CHARACTER OF DISCHARGE	TIME LOST, IF ANY

67-171391-425

3/ack

3. IS APPLICANT IN RECEIPT OF MILITARY RETIRED PAY? <input type="checkbox"/> Yes. Attach a copy of applicant's military retired pay order, if available. <input type="checkbox"/> No.	4. IF YES, HAS APPLICANT WAIVED MILITARY RETIRED PAY TO CREDIT MILITARY SERVICE FOR CIVIL SERVICE RETIREMENT? (See FPM Supplement 831-1, Retirement, Subchapter S3-5f.) <input checked="" type="checkbox"/> Yes. Attach copy of military finance center letter to employee accepting waiver, if available. <input type="checkbox"/> No. (Includes cases where waiver unnecessary)
---	---

ENCLOSURE

D. TYPE OF IMMEDIATE RETIREMENT

1. <input type="checkbox"/> AGE	• Enter date that notice of mandatory separation was given to employee _____ (Date)
2. <input checked="" type="checkbox"/> OPTIONAL (Voluntary)	• If retirement is under special provision for law enforcement employees, attach agency head's recommendation.
3. <input type="checkbox"/> DISCONTINUED SERVICE	• Attach certified summary of events leading to separation and copies of all relevant documents exchanged with employee.
4. <input type="checkbox"/> DISABILITY	• Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2801-C. • Attach Duplicate copy of SF 2801-C to this form for submission with application for retirement, SF 2801. • Send Original copy of SF 2801-C with medical documents to civil service commission office having medical jurisdiction over disability retirement from the applicant's place of employment.

E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS

1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information below: <input checked="" type="checkbox"/> Eligible to continue regular insurance only. <input type="checkbox"/> Eligible to continue regular plus optional insurance; continuous optional insurance coverage since: <div style="text-align: center;">2/2/68</div> <div style="text-align: center;">(Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage)</div>	<input type="checkbox"/> NO. Give reason below: <input type="checkbox"/> Less than 12 years service for life insurance purposes and retirement not for disability. <input type="checkbox"/> Waived all life insurance coverage. <input type="checkbox"/> Not eligible for life insurance. <input type="checkbox"/> Other (specify)
2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information: <div style="text-align: center;">442</div> <div style="text-align: center;">Enrollment Code Number</div> <div style="text-align: center;">3215627</div> <div style="text-align: center;">Carrier Control Number</div>	<input type="checkbox"/> NO. Give reason below: <input type="checkbox"/> Less than 12 years service for health benefits purposes and retirement not for disability. <input type="checkbox"/> Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less. <input type="checkbox"/> Not enrolled for health benefits. <input type="checkbox"/> Other (specify)
3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below.	
PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted after separation for retirement. LIFE INSURANCE DOCUMENTATION <input type="checkbox"/> Applicant eligible for continued life insurance coverage. Upon separation attach original copy of SF 56 (Agency Certification of Insurance Status) NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder. HEALTH BENEFITS DOCUMENTATION <input type="checkbox"/> Applicant eligible for continued health benefits enrollment. Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.	PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval before separation for retirement. LIFE INSURANCE DOCUMENTATION <input checked="" type="checkbox"/> Applicant eligible for continued life insurance coverage. Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted after separation for retirement. HEALTH BENEFITS DOCUMENTATION <input checked="" type="checkbox"/> Applicant eligible for continued health benefits enrollment. Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to final SF 2806, when submitted after separation for retirement.

F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE

1. Verify that life insurance and health benefits status as shown on this form are consistent with payroll records.
2. Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record.
3. Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapter S22.

G. AGENCY EMPLOYING OFFICE CERTIFICATION

I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency.	
SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL	
OFFICIAL TITLE	DATE
Personnel Officer	6/20/72
AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELEPHONE NUMBER, INCLUDING AREA CODE	
Federal Bureau of Investigation Ninth & Penn. Ave., N. W. 202-324-3887 Washington, D. C. 20535	

DO-6
OFFICE OF ACTING DIRECTOR
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

MR. FELT ☒
MR. MOHR ☒
MR. ROSEN _____
MR. BATES _____
MR. BISHOP _____
MR. CALLAHAN ☒
MR. CAMPBELL _____
MR. CASPER _____
MR. CLEVELAND _____
MR. CONRAD _____
MR. DALBEY _____
MR. MILLER, E.S. _____
MR. PONDER _____
MR. SOYARS _____
MR. WAIKART _____
MR. WALTERS _____
TELE. ROOM _____
MR. KINLEY _____
MR. ARMSTRONG _____
MS. HERWIG _____
MRS. NEENAN _____

*I hope that Mrs. Mohr is not
too grievously injured and
that she recovers rapidly.*

*I will accept and approve your
Application for retirement and will
forward it to the AG for his
acceptance and approval.*

67-129371-72
6/15

ENCLOSURE

P.S. Would you sign it, please.

3:57 PM

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date

6/23/72

I certify that I have ☐ received ☒ returned the following Government property for official use:

- ~~BADGE WITH CASE, NO. 35 mounted already in~~
COMMISSION CARD WITH CASE NO. 7 — Not returned by Mr. Mohr
- ✓ AGENTS BRIEF CASE
 - ✓ ZIPPER BRIEF CASE (1)
 - ✓ COLT OFFICIAL POLICE REVOLVER NO. 638494
 - ✓ O.P. HIP HOLSTER
 - ✓ ADAPTER
 - ✓ DEFENSE PLANS MANUAL #112
 - ✓ .357 S&W MAGNUM REVOLVER AND HOLSTER #K357234
 - ✓ PARKING CARD #84 (on the cars)
 - ✓ .38 COLT DETECTIVE SPECIAL w/SHROUD & HOLSTER #562258
 - ✓ FBI IDENTIFICATION CARD #S-15164
 - ✓ KEY TO BASEMENT GYM
 - ✓ KEY TO ROOM 5525 (Tel-Key cabinet) *Recharge to Adams*
 - ✓ D.C. OFFICIAL PARKING PERMIT #6254
 - ✓ GTRs
 - ✓ FBIRA Card

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

18 FEB 27 1973

(Signature)

Very truly yours,

(Typed name)

JOHN P. MOHR

79

12

Original filed in FD-340 (1A) 6/23/72

3/pe

JOHN MOHR

July 13, 1972

Mr. Felt.....
Mr. Campbell.....
Mr. Rosen.....
Mr. Mohr.....
Mr. Bishop.....
Mr. Miller, ES.....
Mr. Callahan.....
Mr. Casper.....
Mr. Conrad.....
Mr. Dalbey.....
Mr. Cleveland.....
Mr. Ponder.....
Mr. Bates.....
Mr. Waikart.....
Mr. Walters.....
Mr. Soyars.....
Tele. Room.....

Dear Mr. Gray:

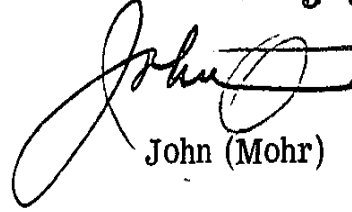
Thank you very much for taking time to present to me the various emoluments of office, but particularly for taking time from your busy schedule to have the wonderful photograph taken in front of the Navy ship in your office.

It was most kind and thoughtful of you to autograph this photograph to me as you did, and I am deeply appreciative. It will be a memento of my pleasant association with you while I was in the Bureau.

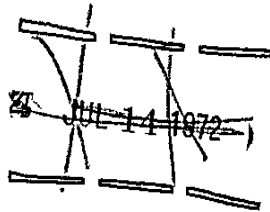
REC-132

67-129391-426

Sincerely, 9 JUL 17 1972 39


John (Mohr)

Mr. L. Patrick Gray, III
Acting Director
Federal Bureau of Investigation
Washington, D. C.


JUL 14 1972

ack.
7-14-72
LPG
27

38
PERS. REC. UNIT

XP. PROC.
#32
7-14
JUL 13 1972

Assistant Attorney General for
Administration

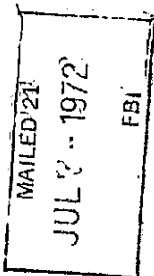
July 7, 1972

Acting Director, FBI

**PROCUREMENT AUTHORITY
AND RESPONSIBILITY**

In line with the requirements set forth in Department of Justice Memorandum Number 750 dated May 7, 1971, on captioned matter, you are hereby advised that the following are being deleted from the list furnished your office on 5/19/71 designating Contracting Officers for the FBI:

<u>NAME</u>	<u>GRADE</u>	<u>TITLE</u>
John P. Mohr	Executive Level V	Assistant to the Director
Albert P. Gunsser	GS-17	Chief Clerk



RECEIVED

427
9 JUL 13 1972

~~RECEIVED~~
~~EX-100~~
~~EX-100~~

SWD1 RECORDED
JUL 24 1972

RECEIVED DIRECTOR

JUL 9 1972

RECEIVED

1 - Mr. Hereford
JSL/dmc
(5) dmc

Felt _____
Bates _____
Bishop _____
Callahan _____
Campbell _____
Cleveland _____
Conrad _____
Dalbey _____
Jenkins _____
Marshall _____
Miller, E.S. _____
Ponder _____
Soyars _____
Walters _____
Tele. Room _____
Mr. Kinley _____
Mr. Armstrong _____
Ms. Herwig _____
Mrs. Neenan _____

MAIL ROOM ☒ TELETYPE UNIT ☐

19 JUL 13 1972

PERS. REC. UNIT

Best Copy Available

APPLICATION FOR RETIREMENT
CIVIL SERVICE RETIREMENT SYSTEM(USE ONLY IF SEPARATED ON OR AFTER
OCTOBER 20, 1969)

To Avoid Delay--1. Read Information Carefully; 2. Complete Application in Full; 3. Typewrite or Print in Ink

A. IDENTIFYING INFORMATION

1. NAME (Last) (First) (Middle) Mohr John Philip			2. LIST ALL OTHER NAMES YOU HAVE USED		
3. ADDRESS (Including ZIP code) 3427 North Edison Street Arlington, Virginia 22207			4. PHONE NUMBER (Including Area Code) (703)538-5249	5. DATE OF BIRTH (Month) (Day) (Year) 4 20 10	6. SOCIAL SECURITY ACCOUNT NUMBER 224 60 0645
7A. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			7B. IF "NO", OF WHAT COUNTRY ARE YOU A CITIZEN?		
8A. ARE YOU MARRIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			8B. IF "YES" GIVE THE FOLLOWING INFORMATION		
WIFE'S OR HUSBAND'S NAME (First) (Middle) Stella M.		HER (OR HIS) BIRTH DATE (Month) (Day) (Year) 7-14-11	HER (OR HIS) SOCIAL SE- CURITY ACCOUNT NUMBER 578-16-435	DATE OF MARRIAGE (Month) (Day) (Year) 2-22-35	PLACE OF MARRIAGE (City) (State) ELKTON, MD.
9A. DO YOU HAVE ANY UNMARRIED CHILDREN UNDER AGE 22 (Or over age 22 and incapable of self support because of a disability incurred before age 18)?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
9B. IF "YES" LIST NAME AND DATE OF BIRTH OF EACH CHILD. WRITE THE WORD "DISABLED" AFTER CHILD'S NAME WHERE APPLICABLE					
CHILD'S NAME (First) (Middle) (Last)		DATE OF BIRTH (Mo.) (Day) (Yr.)		CHILD'S NAME (First) (Middle) (Last)	
NA					

B. CIVILIAN AND MILITARY SERVICE

1. DEPARTMENT OR AGENCY IN WHICH PRESENTLY OR LAST EMPLOYED, INCLUDING BUREAU OR DIVISION, AND ADDRESS, INCLUDING ZIP CODE Department of Justice Federal Bureau of Investigation Washington, D. C. 20535		2. DATE OF FINAL SEPARATION (Month) (Day) (Year) 6 30 72		3. APPROXIMATE YEARS OF FEDERAL SERVICE CIVILIAN 38 MILITARY 0	
4. TITLE OF LAST POSITION Assistant to the Director					
5. DO YOU HAVE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. IF YOU HAVE REGULAR LIFE INSURANCE, DO YOU ALSO HAVE OPTIONAL LIFE INSURANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7A. HAVE YOU BEEN ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES' HEALTH BENEFITS PROGRAM SINCE YOUR FIRST OPPORTUNITY TO ENROLL OR FOR AT LEAST FIVE YEARS IMMEDIATELY BEFORE YOUR RETIREMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7B. IF "YES" PLEASE LIST YOUR CURRENT: CARRIER CONTROL NUMBER ENROLLMENT CODE NUMBER 3215627 442		
8. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY THAT TERMINATED UNDER HONORABLE CONDITIONS IN ANY OF THE FOLLOWING SERVICES: (A) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR (B) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1950; OR (C) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961; OR (D) AS A COMMISSIONED OFFICER OF THE ENVIRONMENTAL SCIENCE SERVICES ADMINISTRATION. ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE OR OTHER CERTIFICATE OF ACTIVE MILITARY SERVICE, IF AVAILABLE.					
BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK	ORGANIZATION AT DISCHARGE (Dir., Regt., Co., etc.)
NA					
9A. ARE YOU A MILITARY RESERVIST (Either Active or Inactive)? <input type="checkbox"/> YES <input type="checkbox"/> NO		9B. ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILI- TARY RETIRED PAY? (Retired pay does not include V.A. pen- sion or compensation.) <input type="checkbox"/> YES <input type="checkbox"/> NO		9C. IF "YES" WERE YOU RETIRED FROM A RESERVE COMPONENT UNDER CHAPTER 67, TITLE 10, USC? (Formerly Title III, Public Law 80-810) <input type="checkbox"/> YES <input type="checkbox"/> NO	

C. DISABILITY INFORMATION (Only Applicants for Total Disability Retirement Will Complete This Part)

1. BRIEFLY DESCRIBE YOUR DISABILITIES. STATE WHEN OCCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER, IF NECESSARY.) ALSO, STATE MONTH AND YEAR IN WHICH YOU BECAME TOTALLY DISABLED.

D. OTHER CLAIM INFORMATION

1A. HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		1B. IF "YES" STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION: CLAIM NUMBER FROM (Mo.) (Day) (Year) TO (Mo.) (Day) (Year) 15. A.	
2A. HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		2B. IF "YES" INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN <input type="checkbox"/> RETIREMENT <input type="checkbox"/> DEPOSIT OR REDEPOSIT <input type="checkbox"/> CLAIM NUMBER(S) <input type="checkbox"/> REFUND <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS	
3A. DO YOU HAVE LIFE INSURANCE THROUGH A FORMER EMPLOYEE BENEFICIAL ASSOCIATION FOR WHICH YOU NOW PAY PREMIUMS TO THE CIVIL SERVICE COMMISSION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		3B. IF "YES" GIVE YOUR ACCOUNT NUMBER B	
4A. HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES? 1800 21 1872 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4B. IF "YES" GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM 12/1/62	

STANDARD FORM NO. 2897

U.S. CIVIL SERVICE COMMISSION

January 1970
FPM Supplement 831-1
2801-107

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY

INITIALS

1. ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER

SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.

If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.

\$ ALL

THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHATEVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.

• If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.

• The annuity payable to you during your lifetime will be reduced by 2½% of any amount up to \$3,600 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,600 so used.

• If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

• The survivor's annuity will not begin until your death.

INITIALS

2. ANNUITY WITHOUT SURVIVOR BENEFIT

(I do not desire my wife (or husband) to receive a survivor annuity benefit after my death.)

• If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.

• This type provides annuity payments to you only.

G. TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)

INITIALS

1. ANNUITY WITHOUT SURVIVOR BENEFIT

• If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.

• This type provides annuity payments to you only.

INITIALS

2. ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST

SPECIFY THE NAME, RELATIONSHIP, DATE OF BIRTH, AND SOCIAL SECURITY ACCOUNT NUMBER OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY

NAME OF PERSON (First, middle, last)

RELATIONSHIP

DATE OF BIRTH (Mo., day, yr.)

SOCIAL SECURITY ACCOUNT NUMBER

SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.

• This type is available to all retiring *unmarried* employees who are in *good health*.

• It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.

• The survivor's annuity will not begin until your death.

• The survivor's annuity will be 55% of the reduced annuity you receive.

• If you choose this type of annuity you will have to undergo a medical examination which will be arranged by the Civil Service Commission at no cost to you.

• If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

H. CERTIFICATION OF APPLICANT

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

6/20/72
(DATE)

John P. Hester
(SIGNATURE OF APPLICANT)

I. FOR USE OF EMPLOYING AGENCY (See FPM Supplement 831-1 for instructions.)

CHECK APPROPRIATE BOX:

☐

INDIVIDUAL RETIREMENT RECORD, SF 2806, AND REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, ARE ATTACHED.

☐

INDIVIDUAL RETIREMENT RECORD, SF 2806, WAS SENT TO U.S. CIVIL SERVICE COMMISSION ON _____

(DATE)

WITH REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, NO. _____

NAME OF AGENCY PERSON WHO CAN FURNISH ADDITIONAL INFORMATION ABOUT THIS APPLICATION, IF NECESSARY (Type or print)

Maurice F. Row

SIGNATURE OF RESPONSIBLE AGENCY OFFICIAL

Authorized Certifying Officer

DATE

6-21-72

TELEPHONE NUMBER, INCLUDING AREA CODE

202 EX3 7100 X635

DEPARTMENT OR AGENCY

Federal Bureau of Investigation

OFFENSES BARRING ANNUITY PAYMENTS: Title 5 USC 8312 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Civil Service Commission's Bureau of Retirement, Insurance, and Occupational Health in any case when this law possibly applies.

UNITED STATES CIVIL SERVICE COMMISSION
BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH
WASHINGTON, D. C. 20415

RCH:RJW:dm
07 14 72

U.S. Department of Justice
Federal Bureau of Investigation
Washington, D. C. 20535

Attn: Personnel Section
Room 4515

REQUEST FOR INDIVIDUAL RETIREMENT RECORD (STANDARD FORM 2806)			
NAME (Last) (First) (Middle) Mohr, John Philip		DATE OF BIRTH 04 20 10	SOCIAL SECURITY ACCOUNT NO. 224 60 0645
OTHER NAMES UNDER WHICH EMPLOYED		POSITION Assistnat to the Director	
SERVICE CLAIMED IN CONNECTION WITH AN APPLICATION FOR <input type="checkbox"/> ANNUITY <input type="checkbox"/> DEATH BENEFITS <input type="checkbox"/> REFUND <input type="checkbox"/> DEPOSIT OR REDEPOSIT			
PERIODS OF SERVICE FOR WHICH A 2806 IS REQUESTED			
BEGINNING DATE	ENDING DATE	DEPARTMENT OR AGENCY	LOCATION
	06 30 72	Dept. Justice FBI	Wash. D.C.

REMARKS:

The Commission has approved the retirement of John P. Mohr under Section 8336 (c) 5 USC.

Please forward the claimant's retirement record card (Form 2806) as soon as possible after date of final separation.

*Appr rec'd 7-17-72, Sep eff 6-30-72. Adv cb 6-23-72 when
Adm on CAAL thru 6-30-72. LWOP 7-1-72 thru 7-17-72.
Dte of final separ retire 6-30-72. Annuity retroactive
to 7-1-72. LCR*

Please attach this form to the 2806 forwarded. If Form 2806 is not submitted, please check one of the boxes on the reverse side of this form and furnish information as required.

JUL 27 1972

Jack Goldberg
Chief, Claims Division

BRI 47 - 62
DECEMBER 1969

Assistant Attorney General for
Administration

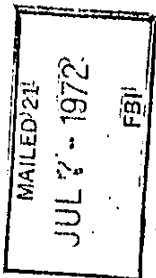
July 7, 1972

Acting Director, FBI

**PROCUREMENT AUTHORITY
AND RESPONSIBILITY**

In line with the requirements set forth in Department of Justice Memorandum Number 750 dated May 7, 1971, on captioned matter, you are hereby advised that the following are being deleted from the list furnished your office on 5/19/71 designating Contracting Officers for the FBI:

<u>NAME</u>	<u>GRADE</u>	<u>TITLE</u>
John P. Mohr	Executive Level V	Assistant to the Director
Albert P. Gunsser	GS-17	Chief Clerk



129391-127
9 JUL 18 1972 39

ASSOCIATE DIRECTOR

1 - Mr. Hereford

Felt _____
Rosen _____
Bishop _____
Callahan _____
Campbell _____
Cleveland _____
Conrad _____
Dalbey _____
Jenkins _____
Marshall _____
Miller, E.A. _____
Ponder _____
Soyars _____
Walters _____
Tele. Room _____
Mr. Kinley _____
Mr. Armstrong _____
Ms. Herwig _____
Mrs. Neenan _____

JSL/dmc
(5)

RECEIVED

19 JUL 13 1972

PERS. REC. UNIT

MAIL ROOM ☒

TELETYPE UNIT ☐

29

L. PATRICK GRAY III
ACTING DIRECTOR



Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

REC-132

John W. Miller

Friday at 9:42 AM

July 14th, 1972

Dear John,

Your note of July 13th is very
much appreciated.

SENT FROM D.O.
JUL 14 1972
BY *RD*

To honor you as you left the
service after so many years was my
great privilege.

With my best wishes and warm
respect.

Sincerely,
Pat Gray

Mr. Felt _____
Mr. Bates _____
Mr. Bishop _____
Mr. Callahan _____
Mr. Campbell _____
Mr. Cleveland _____
Mr. Conrad _____
Mr. Dalbey _____
Mr. Jenkins _____
Mr. Marshall _____
Mr. Miller, E.S. _____
Mr. Ponder _____
Mr. Soyars _____
Mr. Walters _____
Tele. Room _____
Mr. Kinley _____
Mr. Armstrong _____
Ms. Herwig _____
Mrs. Neenan _____

JUL 21 1972

Yellow

27

Former Kingston Resident

Mohr Retiring After Long FBI Service

By JON POWERS

WASHINGTON, D.C.

The planned retirement of John Philip Mohr, the No. 3 man in the Federal Bureau of Investigation and a star football player for Kingston High School in the 1920's, will mark the departure of one of the most respected and dedicated men in the FBI, and the man once considered to be a possible heir to the late J. Edgar Hoover.

Mohr will retire June 30, after a 33-year career with the FBI. For 30 of those years, he served

in administrative capacities. He was one of Hoover's closest friends. Mohr took time off from his duties last week for an interview with The Freeman. He reflected at length on past experiences, future plans and the close attachment to the Kingston area.

The 62-year-old Mohr, who will retire for "personal reasons" and to enjoy "some of the joys and pleasures that retirement can bring," said he will miss the FBI and his job. "I'll miss the bureau," he told

The Freeman. "It has the greatest bunch of people in the world. The toughest part of retirement is having to say goodbye to all the people who have been your friends for so many years. No matter what you promise yourself, you still lose track of the people when you retire. I'll miss them."

Mohr graduated from Columbia University Law School in 1939, and then turned down job offers from three law firms to join the FBI. He explained shy: "Many of my friends and classmates in college worked part-time for the FBI while attending school. I must have developed an affinity towards the profession through my association with them. I saw that they enjoyed working for the bureau, and I decided that way I can after my retirement. I wanted to share that life."

Mohr never regretted his decision. He lavished praise on the FBI, its accomplishments over the years and its thousands of employees. "If I had to do it all over again," he said, "I'd go the same route. I never regretted a day of it."

An assistant to Hoover since December, 1959, Mohr was highly complimentary of the man he regarded as a personal friend.

"He was more than an employer and an associate," Mohr

said of Hoover. "He was a close personal friend for many years. I spent many happy, social hours with Mr. Hoover." Mohr said the late director was "a very pleasant, charming, gracious man. He was very capable. He had a lot of ability. I'll miss him; we'll all miss him."

When L. Patrick Gray III was named by President Nixon to replace Hoover on a temporary basis, there were reports that many of the top men in the bureau were considering a mass resignation. Mohr indicated that Gray's appointment and his resignation were coincidental.

"Mr. Gray is trying hard and I wish him the best of luck," said Mohr. "I've offered to help him and the bureau in any way I can after my retirement. The FBI is a great outfit and I don't want anything to happen to it. I'll donate my services any time they're needed."

But Mohr frankly admitted that he didn't know what changes the bureau would undergo now that Hoover is gone, or if it would continue to maintain its high standards of excellence in the law enforcement field.

Mohr joined the FBI on Oct. 2, 1939, and was assigned to the field office in San Francisco a short time later. He said he covered a number of espionage

cases during the early war years before being transferred to Los Angeles. In 1941, he was named a supervisor at the FBI Headquarters in Washington, D.C. and three years later was named FBI Personnel Officer.

Mohr moved up through the ranks of the FBI during the next two decades. His last major promotion came in 1959, when he was named an Assistant to the Director and placed in charge of the bureau's identification, training, administration and files and communications divisions. At the time of Hoover's death, Mohr was outranked only by the Director and Associate Director Clyde Tolson in the FBI's hierarchy.

Born in West New York, N.J., Mohr moved to Kingston with his family when he was a youngster. With his four brothers and three sisters, he attended the old Ulster Academy and Kingston High School.

Mohr still has relatives living in Kingston. His sister, Mrs. Marie Schussler, lives at 86 Florence Street; a brother, William Mohr, lives at 626 Delaware Avenue, and his 91-year-old mother, Mrs. Maria Mohr, lives at 98 Florence Street. The other members of his family are scattered from California and Arizona (where his brother, Paul, is an FBI

agent in Phoenix) to Ohio and Massachusetts. Mohr even achieved a degree of fame while at Kingston High School... as the starting center on the varsity football team. He was named to the All-DUSO team for three consecutive years in the late 1920's. Mohr visited relatives in Kingston two weeks ago, and said he intends to return often. "I enjoy coming back to Kingston," he told The Freeman. "I guess I'm a mountain boy at heart, and seeing the Catskills makes me homesick. It's always been a pleasure to return home."

Retirement for Mohr will mean some golf ("I haven't had much of a chance to play in the last 30 years."), fishing, household chores and travel. "My wife and I were planning to take a trip to California in July," he said, "but the day I announced my retirement she fell and broke her ankle, so we'll have to delay our plans."

Whatever Mohr's plans for the coming years, he'll be remembered as one of the bureau's staunchest supporters and one of the handful of men who helped build the FBI to year-old mother, Mrs. Maria Mohr, lives at 98 Florence Street. The other members of his family are scattered from California and Arizona (where his brother, Paul, is an FBI

the nation's most powerful men.

Mr. Felt _____
Mr. Mohr _____
Mr. Rosen _____
Mr. Bates _____
Mr. Bishop _____
Mr. Callahan _____
Mr. Campbell _____
Mr. Casper _____
Mr. Cleveland _____
Mr. Conrad _____
Mr. Dalbey _____
Mr. Miller, E.S. _____
Mr. Ponder _____
Mr. Soyars _____
Mr. Waikart _____
Mr. Walters _____
Tele. Room _____
Mr. Kinley _____
Mr. Armstrong _____
Ms. Herwig _____
Mrs. Neenan _____

FEDERAL BUREAU OF

Room 5525

Ext. 3333

6/29

☒ Director
☒ Mr. Felt
☒ Mr. Mohr
☒ Mr. Rosen
☒ Mr. Bates
☒ Mr. Bishop
☒ Mr. Callahan
☒ Mr. Casper
☒ Mr. Cleveland
☒ Mr. Conrad
☒ Mr. Dalbey
☒ Mr. Marshall
☒ Mr. Miller, E.S.
☒ Mr. Ponder
☒ Mr. Soyars
☒ Mr. Walters
☒ Mr. Kinley
☒ Mrs. Neenan
☒ Mrs. Skillman
☒ Mr. Adams
☒ Reading Room
☒ Mail Room
☒ Teletype Room
☒ Movement Unit
☐

☐ Mr. Felt
☐ Mr. Mohr
☐ Mr. Rosen
☒ Mr. Bates
☒ Mr. Bishop
☐ Mr. Callahan
☐ Mr. Campbell
☐ Mr. Casper
☐ Mr. Cleveland
☐ Mr. Conrad
☐ Mr. Dalbey
☐ Mr. Marshall
☐ Mr. Miller, E.S.
☐ Mr. Ponder
☐ Mr. Soyars
☐ Mr. Walters
☐ Tele. Room
☐ Mr. Kinley
☐ Mr. Armstrong
☐ Ms. Herwig
☐
☐
☐

b6

File WSB

☐ See Me ☐ For appropriate action
☐ Call Me ☐ For your information
☐ Send File ☐ Note and return

You might want to
 give Mr. Gray a
 copy

Follow up
 Res. File
 8/25

J. P. Mohr
 9/28/68

MEDICAL REPORTS

Personnel File of: MOHR, JOHN PHILIP

Personnel File No. _____

Ref-6-23

3/10/54

49

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

ED-1
89-103

1. LAST NAME—FIRST NAME—MIDDLE NAME
MORRIS John Philip

2. GRADE AND COMPONENT OR POSITION
Asst. to Director

3. IDENTIFICATION NO.
1-24-66

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)
Best Copy Available

5. PURPOSE OF EXAMINATION
ANNUCEL

6. DATE OF EXAMINATION
1-24-66

7. RACE
White

8. TOTAL YEARS GOVERNMENT SERVICE
MILITARY 0 CIVILIAN 0

9. AGENCY
ANNUCEL

10. ORGANIZATION UNIT
1-24-66

11. DATE OF BIRTH
11-20-10

12. PLACE OF BIRTH
West New York, N.J.

13. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN

14. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
NNMC

15. OTHER INFORMATION

16. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

Chronic Illnesses Chronic Diseases

17. FAMILY HISTORY					18. HAS ANY BLOOD RELATION (Parent, brother, sister, or other) OR HUSBAND OR WIFE			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	67	Deceased	Heart	67		<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	74	Deceased				<input checked="" type="checkbox"/>	HAD SYPHILIS	
WIFE	54	Deceased			<input checked="" type="checkbox"/>		HAD DIABETES	Father
BROTHERS	2	Deceased			<input checked="" type="checkbox"/>		HAD CANCER	Sister
AND					<input checked="" type="checkbox"/>		HAD KIDNEY TROUBLE	
SISTERS					<input checked="" type="checkbox"/>		HAD HEART TROUBLE	Father
					<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	
CHILDREN	2	Deceased			<input checked="" type="checkbox"/>		HAD RHEUMATISM (Arthritis)	Father
	1st				<input checked="" type="checkbox"/>		HAD ASTHMA, HAY FEVER, HIVES	
					<input checked="" type="checkbox"/>		HAD EPILEPSY (Fits)	
					<input checked="" type="checkbox"/>		COMMITTED SUICIDE	
					<input checked="" type="checkbox"/>		BEEN INSANE	

19. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		WETTING	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

20. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/> WORN GLASSES	<input checked="" type="checkbox"/> ATTEMPTED SUICIDE	<input checked="" type="checkbox"/> BEEN PREGNANT	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/> WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/> BEEN A SLEEP WALKER	<input checked="" type="checkbox"/> HAD A VAGINAL DISCHARGE	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/> WORN HEARING AIDS	<input checked="" type="checkbox"/> LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input checked="" type="checkbox"/> BEEN TREATED FOR A FEMALE DISORDER	DURATION OF PERIODS
<input checked="" type="checkbox"/> STUTTERED OR STAMMERED	<input checked="" type="checkbox"/> COUGHED UP BLOOD	<input checked="" type="checkbox"/> HAD PAINFUL MENSTRUATION	DATE OF LAST PERIOD
<input checked="" type="checkbox"/> WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/> BLEED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input checked="" type="checkbox"/> HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

21. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

22. FEMALES ONLY: A. HAVE YOU EVER--

23. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?

24. WHAT IS YOUR USUAL OCCUPATION?

25. ARE YOU (Check one)

☒ RIGHT HANDED ☐ LEFT HANDED

Original in File lll

YES NO

CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT

Best Copy Available

<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
<input checked="" type="checkbox"/>	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
<input checked="" type="checkbox"/>	29. HAVE YOU HAD DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give date at which occurred)
<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability)
<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

abt 1925; appendix 1939

pneumonia twice 1978-80

Sw. Enter. Wash. D.C. 1965 office - throat

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

John Troh

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

#20 - Reproductive system

Hx of chronic post-nasal drip, nasal stuffiness, sinus headache.

Hx of laryngeal growth (benign) Tx conservatively &

1b6

benign, pneumonia

6 month Hx of hoarseness, worse in P.M. after singing by afternoon

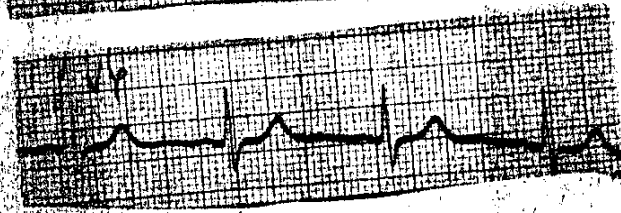
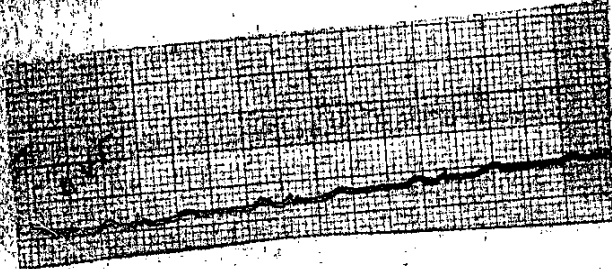
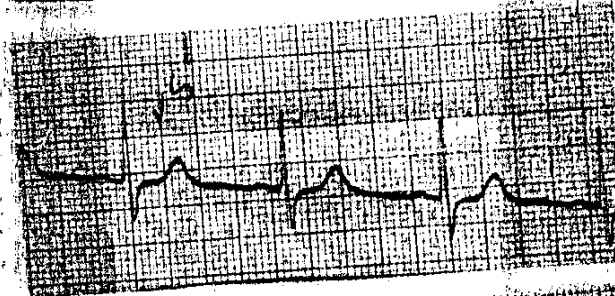
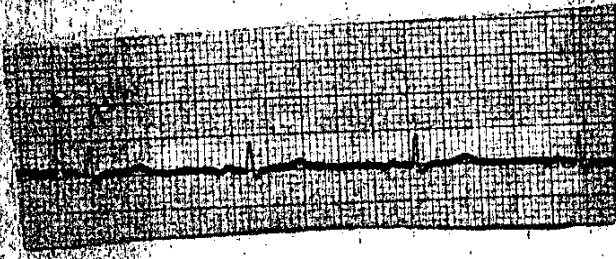
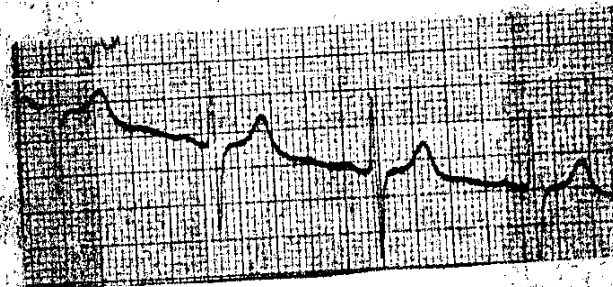
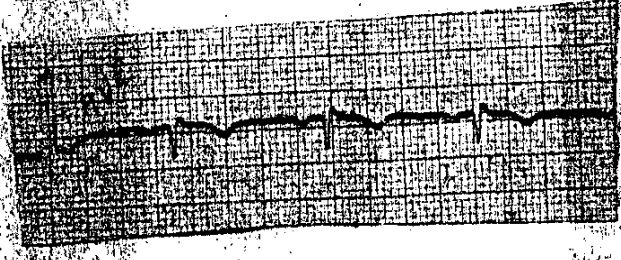
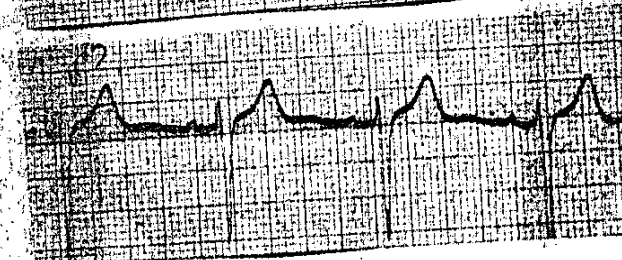
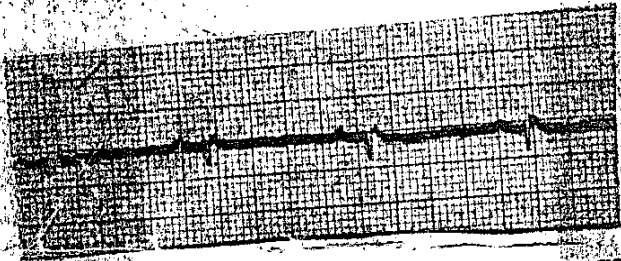
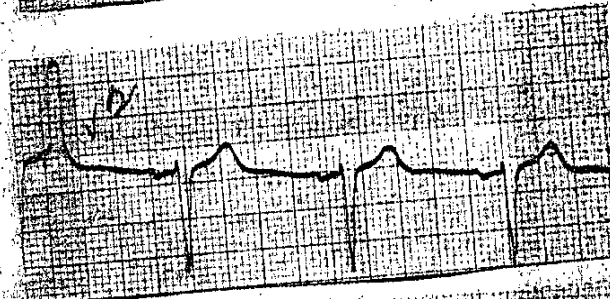
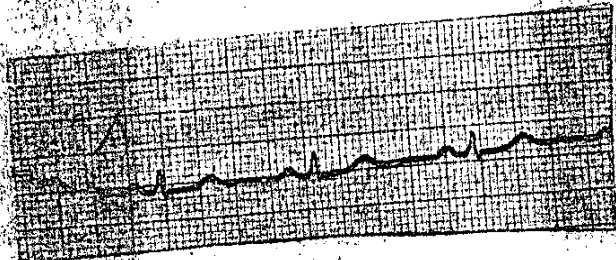
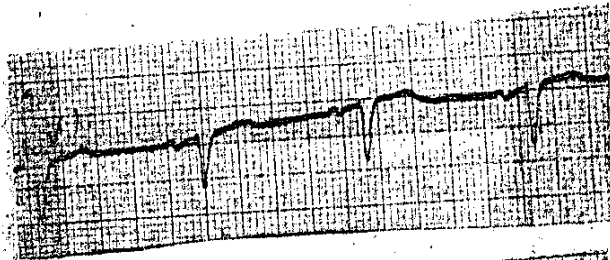
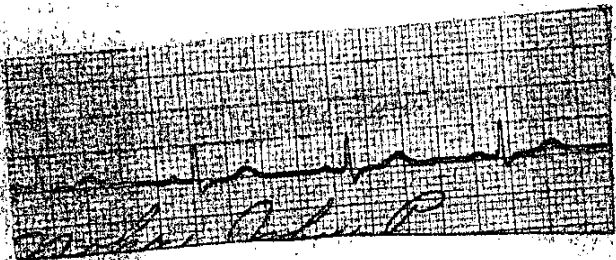
Hx of "perforated" in both ears external per. canal. Tx & resulted in good results

DATE

1/24/66

SI

NUMBER OF ATTACHED SHEETS



Best Copy Available

Standard Form 520
Rev. August 1954
Bureau of the Budget
Circular A-37

U.S. GOVERNMENT PRINTING OFFICE: 1954

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
AGE						SEX	RACE	HEIGHT	WEIGHT
55						M	CAUC	70	174
B.P.						SIGNATURE OF WARD PHYSICIAN			DATE
									1-24-66
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC.	VENT.
INTERVALS						P WAVES			
P-R						Q-T			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									
SUMMARY, SEE									

WITHIN NORMAL LIMITS

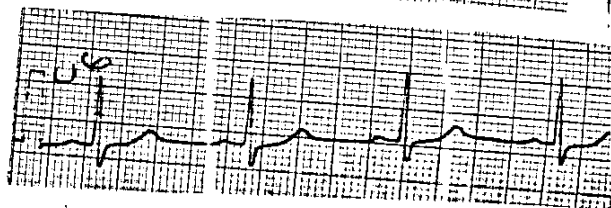
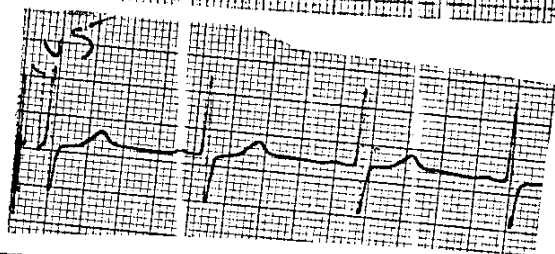
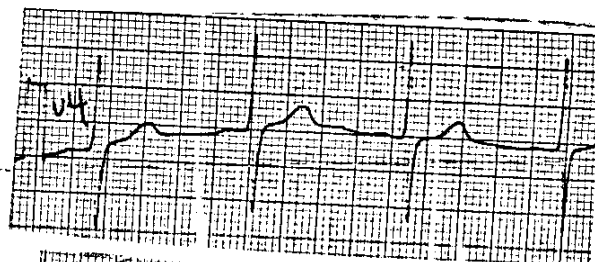
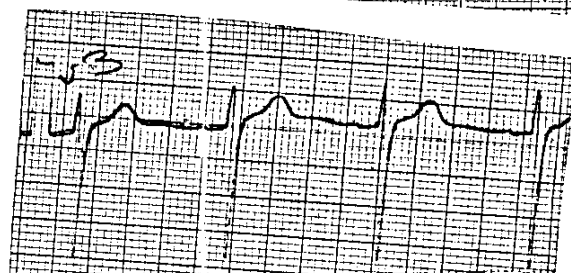
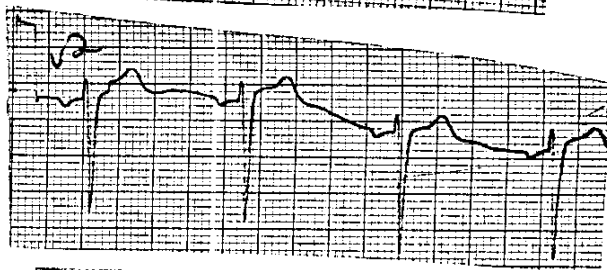
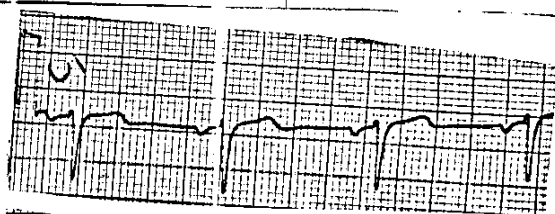
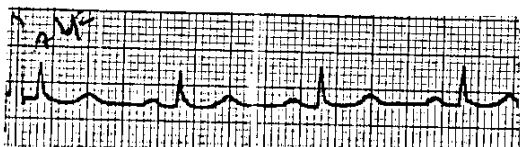
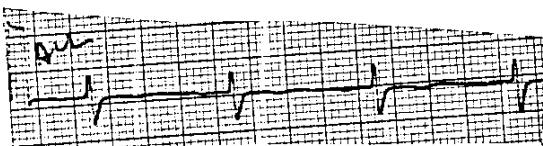
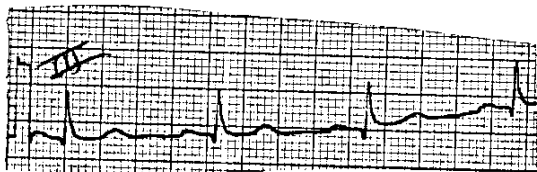
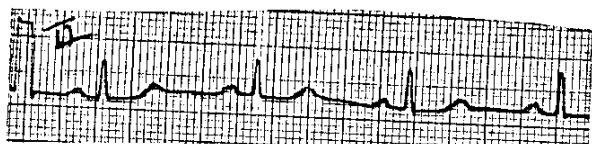
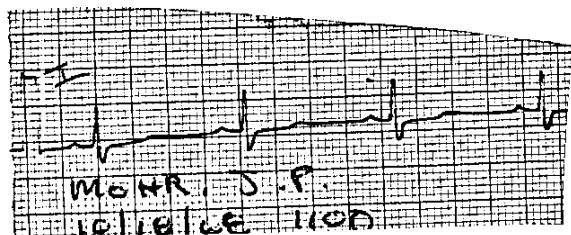
NO.	000845	SIGNATURE		TITLE		DATE
ECG						1/24/66
PATIENT'S IDENTIFICATION (For typed or middle, grade, date, hospital or medical facility)						REGISTER NO.
						WARD NO.
						Staff Clinic

Mohr, John P
Asst. to Director - FBI

NNMC

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520

(Attach tracings to SF 507)



CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

☒ YES ☐ NO

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY

☐ BEDSIDE

☒ ROUTINE

☒ AMBULANT

AGE

SEX

RACE

HEIGHT

WEIGHT

B. P.

PHYSICIAN

DATE

RHYTHM

AXIS DEVIATION (QRS)

RATES

AURIC.

VENT.

INTERVALS

P WAVES

QRS COMPLEXES

RS-T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (Specify)

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

(Continue on reverse)

NO.

ECG

7803

SIGNATURE

TITLE

DATE

PATIENT'S IDENTIFICATION (For file, middle, last, first, or medical facility)

Name—last, first, or medical facility

REGISTERED

WARD NO.

FBI

T-18

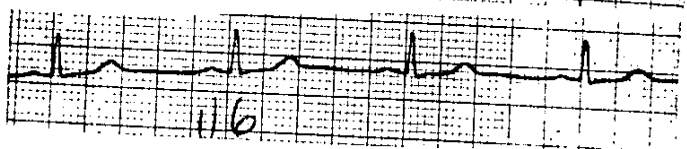
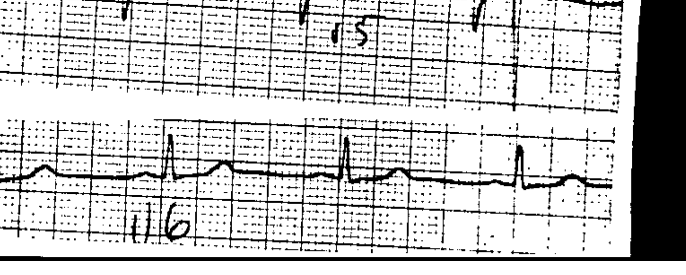
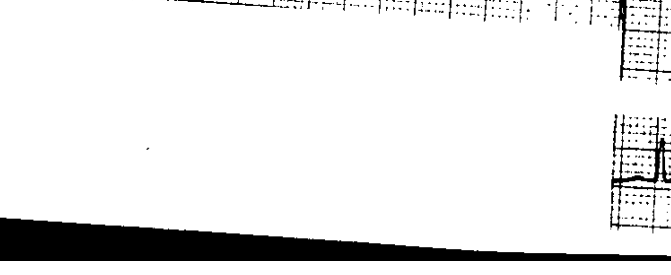
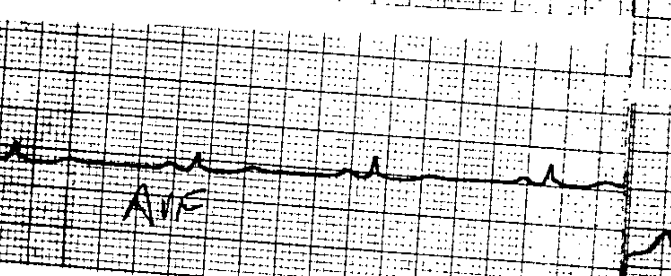
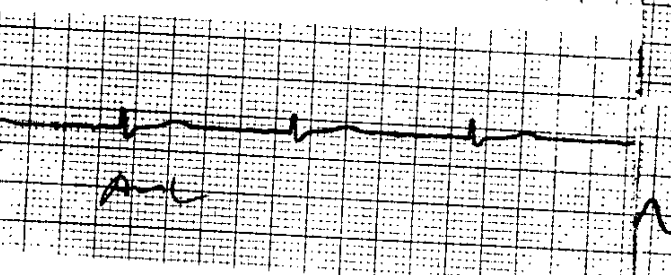
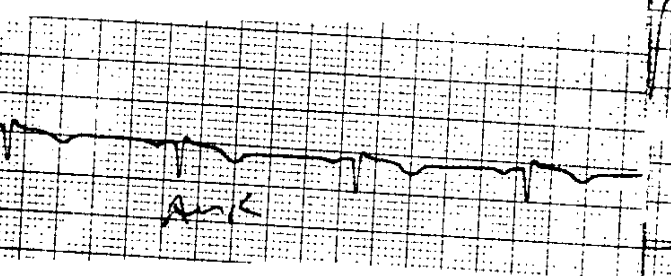
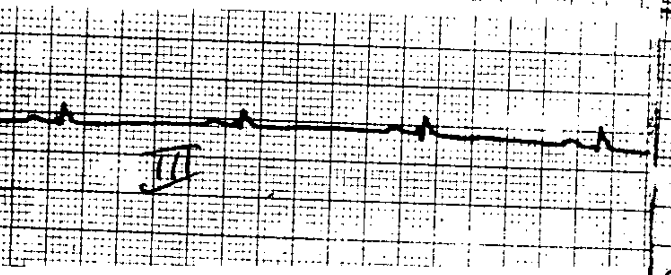
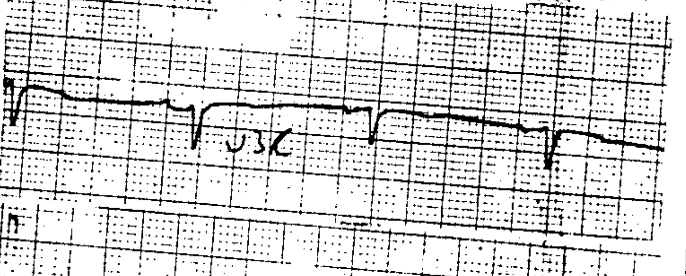
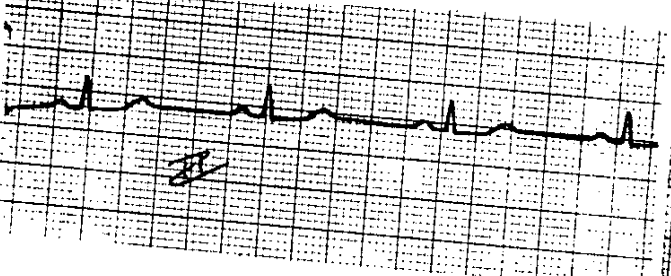
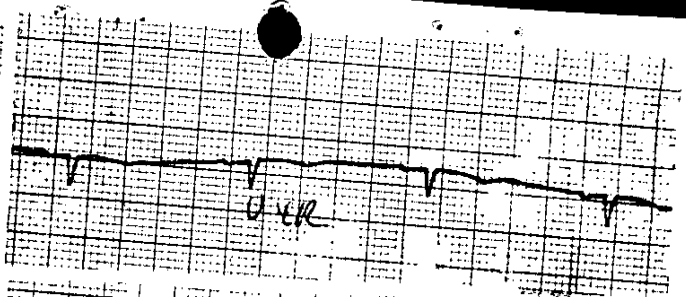
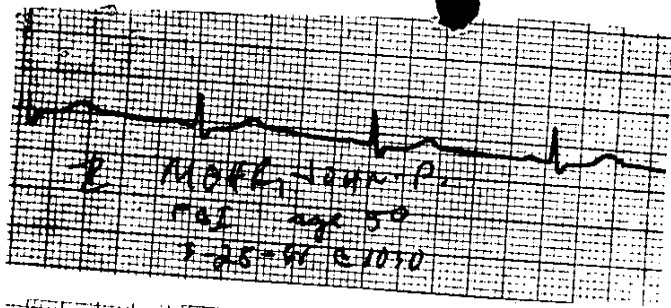
ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

520-104

(Attach tracings to S. F. 507)

MOHR, J. P.
Asst. to Director FBI
NNMC



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD						PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION						MEDICATION						<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN						DATE	
50	M		70	175								3-28-61 @ 1030	
RHYTHM						AXIS DEVIATION (QRS)						RATES	
Normal sinus rhythm						+ 45						AURIC. VENT. 70	
INTERVALS						P WAVES							
PR .16 QRS .08 QT .34						Normal							
QRS COMPLEXES													
Normal													
RS-T SEGMENT						T WAVES							
Normal						Normal							
UNIPOLAR EXTREMITY LEADS (Specify)													

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits.

b6

(Continue on reverse)

NO.		TITLE	DATE
ECG 18017		LCDR MC USN	3-29-61
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
			ST CL

MORH, JOHN P. FBI
USNH NNMCMC BETHESDA, MD.

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)